Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
240	Yankauer Suction – Plain Yankauer Suction with Control	C	C	Disposable max. 2 per case. (One of each) In ward for resuscitation and trauma only					
241	Zinc & Castor Oil Cream	N/A	N/A						

APPENDIX D 04.00

Medically Prescribed Meals:

ORAL SUPPLEMENTS	Standard	Ensure
(oral and tube feeds)		Fortisip
		Fortimel
		Fresubin Original drink (Vanilla)
		Nutren And Nutren Jnr (Gluten -free)
	Standard & Fibre	Ensure with Fibre
		Nutren with Fibre
	Isotonic	Fresubin Original
	Isotonic &Fibre	Fresubin Original Fibre
		Jevity
		Osmolite
	Low Residue	Modulen N
		Osmolite HN
		Peptamen & Peptamen Jnr
	High Energy, High Protein & Fibre	Fresubin Energy Fibre drink (Lemon, Banana, Chocolate & Capuchino)
	High Energy & High Protein	Fresubin Energy drink
		(Strawberry & Vanilla)
TUBE FEEDS	Semi-Elemental	Alitraq
		Peptamen & Peptamen Jnr RTH
		Peptisorb
		Survimed OPD (Liquid)
		Vital
	Standard	Nutren RTH
		Nutrison
		Nutrison Energy
		Nutrison Paediatric

Code	Description			Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
						RVU	Fee	RVU	Fee	RVU	Fee
		High Energy & High Protein	Fresubin 750 MCT(HP Energy)								
		Semi-Elemental High Protein & High Fibre	Perative,								
			Nutren Fibre RTH								
	DISEASE SPECIFIC	Maximum Glucose Tolerance	Fresubin Diabetes								
			Glucerna								
			Nutren Diabetes								
		Pulmonary Insufficiency	Pulmocare								
			Supportan								
		Renal Failure	Suplena								
		HIV/Aids	Advera								
			Survimed OPD								
			Supportan								
		Cancer Patients	Supportan drink (Milk Coffee), Stresson Multi Fibre,								
			Peptisorb								
	MODULAR	Protein	Promod								
			Protifar								
		MCT Oil	MCT Oil								
			Fresubin 750MCT(HP Energy)								
		Glutamine	Glutapack-10								
			Dipeptiven 50ml & 100ml								
		Food thickener	Thick & Easy								
		Carbohydrate	Fantomalt								
			Polycose								
	Note: Or generic equivalents. All tubes feeds subject to Case Management										

Radiography 2008

SERVICES BY RADIOGRAPHERS

This schedule is only applicable to road accident trauma emergency care where the RAF is liable for compensation in terms of the Road Accident Fund Act (Act Nr 56 of 1996) as amended.

Emergency care means the immediate, appropriate and justifiable medical assessment, treatment and care required to prevent or limit future impairment to bodily functions and/or to preserve the person's life.

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10 cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.
VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

DIAGNOSTIC PROCEDURES

Note : Items 015, 029, 031, 033, 037, 065, 071, 073, 075, 077, 079, 081, 083, 085, 087, 089, 091, 093, 095, 097, 099, 101, 115, 117, 119, 121, 129, 131, 133, 135, 137, 139, 141, 149, 167, 171 and 173 shall only be paid on condition that the radiographer submits the name of the supervising clinician and his/her BHF practice number. The Fund shall not pay the radiographer if she/he is supervised by a radiologist.

GENERAL RULES

1000	When drugs, consumables and disposable items are used during a procedure, or issued to a patient on discharge, the Fund shall only reimburse the cost of such items, in line with this tariff, if the appropriate code is supplied on the account	06.52

MODIFIERS

0001	The specified call-out fee may be charged for any bona-fide, justifiable emergency occurring at any hour which requires the practitioner to travel to the patient. The Fund may require a motivation to accompany the claim.	06.52		12.490	35.20 (30.88)
0021	Services rendered to hospital patients: Quote modifier 0021 on all accounts for services performed on hospital or day clinic patients.				06.52
0080	Multiple examinations: Full fees				06.52
0081	Repeat examinations: No reduction				06.52
0084	Films should be charged under code 300.				06.52

1 SKELETON

1.1 LIMBS

Code	Description	Ver	Add	Radiography RVU	Radiography Fee
001	Finger, toe	06.52		12.300	34.70 (30.40)
003	Limb per region, e.g. shoulder, elbow, knee, foot, hand, wrist or ankle (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand)	06.52		16.200	45.70 (40.10)
005	Smith-Petersen or equivalent control, in theatre	06.52		134.600	379.30 (332.70)
007	Stress studies, e.g. joint	06.52		16.200	45.70 (40.10)
015	Arthrography per joint	06.52		39.500	111.30 (97.60)

1.2 SPINAL COLUMN

017	Per region, e.g. cervical, sacral, coccygeal, one region thoracic	06.52		24.600	69.30 (60.80)
021	Stress studies	06.52		10.000	28.20 (24.70)
027	Pelvis (sacro-iliac or hip joints only to be added where an extra set of views is required)	06.52		17.000	47.90 (42.00)

MYELOGRAPHY

029	Lumbar	06.52		43.100	121.50 (106.60)
031	Thoracic	06.52		40.100	113.00 (99.10)
033	Cervical	06.52		59.400	167.40 (146.80)
035	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)	06.52		-	-
037	Discography	06.52		31.500	88.80 (77.90)

1.3 SKULL

039	Skull studies	06.52		32.300	91.00 (79.80)
041	Paranasal sinuses	06.52		17.000	47.90 (42.00)
043	Facial bones and/or orbits	06.52		34.900	98.30 (86.20)
045	Mandible	06.52		26.000	73.30 (64.30)
047	Nasal bone	06.52		16.200	45.70 (40.10)

Code	Description	Ver	Add	Radiography	
				RVU	Fee
049	Mastoid: Bilateral	06.52		50.000	140.90 (123.60)
TEETH					
051	One quadrant	06.52		7.700	21.70 (19.00)
053	Two quadrants	06.52		8.500	24.00 (21.10)
055	Full mouth	06.52		10.800	30.40 (26.70)
057	Rotation tomography of the teeth and jaws	06.52		14.600	41.10 (36.10)
059	Temporo-mandibular joints: Per side	06.52		19.200	54.10 (47.50)
061	Tomography: Per side	06.52		30.500	85.90 (75.40)
063	Localisation of foreign body in the eye	06.52		30.700	86.50 (75.90)
065	Ventriculography	06.52		37.400	105.40 (92.50)
067	Post-nasal studies: Lateral neck	06.52		10.000	28.20 (24.70)
069	Maxillo-facial cephalometry	06.52		26.900	75.80 (66.50)
071	Dacryocystography	06.52		24.200	68.20 (59.80)
2	ALIMENTARY TRACT				
073	Sialography (plus 80% for each additional gland)	06.52		24.600	69.30 (60.80)
075	Pharynx and oesophagus	06.52		22.800	64.30 (56.40)
077	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through	06.52		31.500	88.80 (77.90)
079	Small bowel meal (control film of abdomen included, except when part of item 081)	06.52		27.700	78.10 (68.50)
081	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)	06.52		47.200	133.00 (116.70)
083	Barium enema (control film of abdomen included)	06.52		50.900	143.40 (125.80)
085	Biliary tract: ERCP (choledogram and/or pancreatography screening included)	06.52		47.000	132.40 (116.10)
087	Gastric/oesophageal/duodenal intubation control	06.52		20.800	58.60 (51.40)
089	Hypotonic duodenography (077 included)	06.52		57.300	161.50 (141.70)
3	BILIARY TRACT				
091	Oral cholecystography	06.52		47.800	134.70 (118.20)
093	Intravenous	06.52		58.600	165.10 (144.80)
095	Operative: First series	06.52		58.100	163.70 (143.60)
097	Subsequent series	06.52		24.000	67.60 (59.30)
099	Post-operative: T-tube	06.52		20.100	56.60 (49.60)
101	Trans-hepatic, percutaneous	06.52		34.600	97.50 (85.50)
103	Tomography of biliary tract: Add	06.52		21.500	60.60 (53.20)
CHEST					
105	Larynx (tomography included)	06.52		42.400	119.50 (104.80)
107	Chest (item 167 included)	06.52		19.200	54.10 (47.50)
109	Chest and cardiac studies (item 167 included)	06.52		23.100	65.10 (57.10)
111	Ribs	06.52		19.200	54.10 (47.50)
113	Sternum or sterno-clavicular joints	06.52		24.600	69.30 (60.80)

Code	Description	Ver	Add	Radiography	
				RVU	Fee
BRONCHOGRAPHY					
115	Unilateral	06.52		33.500	94.40 (82.80)
117	Bilateral	06.52		56.500	159.20 (139.60)
119	Pleurography	06.52		15.700	44.20 (38.80)
121	Laryngography	06.52		15.700	44.20 (38.80)
123	Thoracic inlet	06.52		15.700	44.20 (38.80)
5	**ABDOMEN**				
125	Control films of the abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram, etc.)	06.52		17.000	47.90 (42.00)
127	Acute abdomen or equivalent studies	06.52		30.700	86.50 (75.90)
6	**URINARY TRACT**				
129	Control film included and bladder views before and after micturition	06.52		67.000	188.80 (165.60)
133	Waterload test: Add	06.52		20.100	56.60 (49.60)
135	Cystography only or urethrography only (retrograde)	06.52		37.600	106.00 (93.00)
CYSTO-URETHROGRAPHY					
137	Retrograde	06.52		33.100	93.30 (81.80)
139	Retrograde-prograde pyelography	06.52		42.400	119.50 (104.80)
141	Aspiration renal cyst	06.52		17.000	47.90 (42.00)
143	Tomography of renal tract: Add	06.52		19.200	54.10 (47.50)
7	**GYNAECOLOGY AND OBSTETRICS**				
145	Pregnancy	06.52		19.200	54.10 (47.50)
8	**TOMOGRAPHY AND CINEMATOGRAPHY**				
151	Tomography (conventional except where otherwise specified): Add 100% provided that if it is more than one dimension, fees shall be charged for the additional investigation at 50% of the rate with a maximum of two additional investigations	06.52		-	-
153	Tomography (multi-dimensional in motion): Add 150%	06.52		-	-
9	**COMPUTED TOMOGRAPHY**				
155	Head, single examination, full series	06.52		262.700	740.30 (649.40)
157	Head, repeat examination at the same visit, after contrast, full series	06.52		90.200	254.20 (223.00)
159	Chest	06.52		303.700	855.80 (750.70)
161	Abdomen (including base of chest and/or pelvis)	06.52		353.000	994.80 (872.60)
163	Multiple examinations: For an additional part, the lesser fee shall be reduced to	06.52		82.100	231.40 (203.00)
165	Limbs and other limited examinations	06.52		82.100	231.40 (203.00)
MODIFIER GOVERNING THIS SPECIFIC SECTION OF THE TARIFFS					
0089	The number of sections of each examination and the matrix number must be specified. A full series of sections would be 8 or more for brain examinations, 12 or more for chest examinations and 16 or more for abdomen examinations. Fees for examinations on a matrix number of less than 250 shall be reduced by 50%				06.52
10	**MISCELLANEOUS**				
167	Fluoroscopy: Per half hour: Add (not applicable to items 107 and 109)	06.52		21.400	60.30 (52.90)
169	Where a C-arm portable x-ray unit is used in hospital or theatre: Per half hour: Add	06.52		29.600	83.40 (73.20)
179	Attendance at operation in theatre or at radiological procedure performed by a surgeon or physician in x-ray department except 005: Per 1/2 hour: Plus fee for examination performed	06.52		17.600	49.60 (43.50)
181	Setting of sterile trays	06.52		3.000	8.45 (7.41)

Code	Description	Ver	Add	Radiography	
				RVU	Fee
	Films are to be charged (exclusive of VAT) at net acquisition price plus - • 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; and • a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands.	06.52			
300	X-Ray films	06.52			
ATTENDANCE IN CATHETERISATION LABORATORY					
	Use codes 191 to 193 to charge for radiographer input where that is not included in cath lab facility fee				06.52
191	Preparation in catheterisation laboratory for purposes of cardiac catheterisation and/or invasive intravascular procedures.	06.52		43.000	121.20 (106.30)
192	Post-processing in catheterisation laboratory for purposes of cardiac catheterisation and/or invasive intravascular procedures	06.52		43.000	121.20 (106.30)
193	Coronary angiogram per 30 minutes or part thereof provided that such part comprises 50% or more of the time	06.52		43.000	121.20 (106.30)
215	Embolisation per 30 minutes or part thereof provided that such part comprises 50% or more of the time	06.52		43.000	121.20 (106.30)
RULES					
Z	No fee to be subject to more than one reduction				06.52
11	**PORTABLE UNIT EXAMINATIONS**				
185	Where portable x-ray unit is used in the hospital or theatre: Add	06.52		19.400	54.70 (48.00)
187	Theatre investigations with fixed installation : Add	06.52		8.300	23.40 (20.50)

Radiology 2008

SERVICES BY RADIOLOGISTS

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Emergency care means the immediate, appropriate and justifiable medical assessment, treatment and care required to prevent or limit future impairment to bodily functions and/or to preserve the person's life.

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10 cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.
VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

This schedule is for the exclusive use of registered specialist radiology practices (Pr No "038") and nuclear medicine practices (Pr No "025"). "025" practices may only charge the codes with a 3rd digit of 9. "038" practices may charge all codes except codes with a 3rd digit of 9. Practitioners registered as both radiologists and nuclear physicians may charge all codes.

This schedule must be used in conjunction with the Radiological Society of S A Guidelines.

Code Structure Framework

a. The tariff code consists of 5 digits

i. 1st digit indicates the main anatomical region or procedural category.
- 0 = General (non specific)
- 1 = Head
- 2 = Neck
- 3 = Thorax
- 4 = Abdomen and Pelvis (soft tissue)
- 5 = Spine, Pelvis and Hips
- 6 = Upper limbs
- 7 = Lower limbs
- 8 = Interventional
- 9 = Soft tissue regions (nuclear medicine)

eg "Head" = 1xxxx

ii. 2nd digit indicates the sub region within a main region or category eg. "Head / Skull and Brain" = 10xxx

iii. 3rd digit indicates modality
- 1 = General (Black and White) x-rays
- 2 = Ultrasound
- 3 = Computed Tomography
- 4 = Magnetic Resonance Imaging
- 5 = Angiography
- 6 = Interventional radiology
- 9 = Nuclear Medicine (Isotopes)

eg: "Head / Skull and Brain / General x-ray" = 101xx

iv. 4th and 5th digits are specific to a procedure / examination eg. "Head / Skull and Brain / General / X-ray of the skull" = 10100.

Guidelines for use of coding structure

- The vast majority of the codes describe complete procedures / examination and their use for the appropriate studies is self-explanatory.
- Some codes may have multiple applications and their use is described in notes associated with each code
- Codes 00510 to 00560 (Angiography machine codes) may only be used by owners of the equipment and who have registered such equipment with the Board of Healthcare Funders / ..... RSSA.
- The machine codes 00510, 00520, 00530, 00540, 00550, 00560 may not be added to 60540, 60550, 70530, 70535 (Antegrade Venography, upper and lower limbs)
- Where public sector hospital equipment is used for a procedure, the units will be reduced by 33.33%.

Consumables

- Contrast Medium
  - o Prior to the implementation of Act 90, contrast will be billed according to the official 2004 RSSA reimbursement price list, without mark up.
  - o After the implementation of Act 90, contrast medium will be billed according to the suppliers' list price, without mark up.
- Angiography catheters, angioplasty balloons, stents, coils and other embolisation materials, guide wires and drains are to be billed at net acquisition cost, without mark up, until the .....implementation of Act 90.
- All other consumables are to be billed at net acquisition price, until the implementation of Act 90. Thereafter Act 90 regulations apply.
- The cost of film is included in the comprehensive procedure codes and is not billed for separately.
- Appropriate codes must be provided for consumables.

General Comments on Procedural Codes

- All x-ray tomography codes are stand alone studies and may be used as a unique study or in combination with the appropriate regional study if done simultaneously. May not be added to 20130, 42110, 42115.
- Setting of sterile tray is included in all appropriate procedure codes.
- Where introduction of contrast is necessary eg. angiography, etc, the codes used for the procedures are comprehensive and include the introduction of contrast or isotopes.
- The use of Doppler or Colour Doppler as an adjunct to a study (eg small parts thyroid) is included in the code for that study.
- CT Angiography (10330, 20330, 32300, 32310, 44300, 44310, 44320, 44330, 60310, 70310, 70320) are stand alone studies and may not be added to the regional contrasted studies (see 10335, 20340, 20350, 44325 for combined studies).
- Angiography and interventional procedures include selective and super selective catheterization of vessels as are necessary to perform the procedures.

Codes 00230 (Ultrasound guidance), 00320 (CT guidance) and 00430 (MR guidance) are stand alone procedures that include the regional study and may not be added to any of the ultrasound, CT or MR regional studies

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
General Codes							
Modifiers							
00091	Radiology and nuclear medicine services rendered to hospital inpatients						06.52
00092	Radiology and nuclear medicine services rendered to outpatients						06.52
00093	A reduction of one third (33.33%) will apply to radiological examinations where hospital equipment it used						06.52
Equipment / Diagnostic							
Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
00090	Consumables used in radiology procedures: cost price PLUS 26% (up to a maximum of R26,00). (Where applicable, VAT should be added to the above).	06.52				-	-
	Appropriate code to be provided. See separate codes for contrast and isotopes	06.52					
00110	X-ray skeletal survey under five years	06.52				6.260	419.90 (368.30)
00115	X-ray skeletal survey over five years	06.52				10 400	697.50 (611.80)
00120	X-ray sinogram any region	06.52				10.890	730.40 (640.70)
00130	X-ray with mobile unit in other facility	06.52				1.900	127.40 (111.80)
	To be added to applicable procedure codes eg 30100.	06.52					
00135	X-ray control view in theatre any region	06.52				5.260	352.80 (309.50)
00140	X-ray fluoroscopy any region	06.52				2.260	151.60 (133.00)
	May only be added to the examination when fluoroscopy is not included in the standard procedure code. May not be added to: • any angiography, venography, lymphangiography or interventional codes. • any contrasted fluoroscopy examination.	06.52					
00145	X-ray fluoroscopy guidance for biopsy, any region	06.52				5.300	355.50 (311.80)
	Add to the procedure eg. 80600, 80605, 80610.	06.52					
00150	X-ray C-Arm (equipment fee only, not procedure) per half hour	06.52				2.420	162.30 (142.40)
	Only to be used if equipment is owned by the radiologist.	06.52					
00155	X-ray C-arm fluoroscopy in theatre per half hour (procedure only)	06.52				2.300	154.30 (135.40)
00160	X-ray fixed theatre installation (equipment fee only)	06.52				2.260	151.60 (133.00)
	Only to be used if equipment is owned by the radiologist.	06.52					
00190	X-ray examination contrast material	06.52				-	-
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	06.52					
00210	Ultrasound with mobile unit in other facility	06.52				1.840	123.40 (108.20)
	Add to the relevant ultrasound examination codes eg 10200.	06.52					
00220	Ultrasound intra-operative study	06.52				7.320	491.00 (430.70)
	Covers all regions studied. Single code per operative procedure.	06.52					
00230	Ultrasound guidance	06.52				12.100	811.50 (711.80)
	Comprehensive ultrasound code including regional study and guidance. Guided procedure code to be added eg. 80600, 80605, 80610.	06.52					
00240	Ultrasound guidance for tissue ablation	06.52				11.240	753.90 (661.30)
	Comprehensive ultrasound code including regional study and guidance. Radiologist assistance (01030) may be added if procedure is performed by a non-radiologist. Guided procedure code to be added if performed by a radiologist. 80620 or 80630.	06.52					
00250	Ultrasound limited Doppler study any region	06.52				6.500	436.00 (382.50)
	Stand alone code may not be added to any other code.	06.52					
00290	Ultrasound examination contrast material Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	06.52 06.52				-	-
00591	Radiology prosthetic device	06.52					

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
	To be used once per planning session for any region	06.52					
00320	CT guidance (separate procedure)	06.52				16.920	1134.80 (995.40)
	Comprehensive CT code including regional study and guidance. Guided procedure code to be added eg 80600, 80605, and 80610.	06.52					
00330	CT guidance, with diagnostic procedure	06.52				8.460	567.40 (497.70)
	To be added to the diagnostic procedure code. Guided procedure code to be added eg 80600, 80605, 80610.	06.52					
00340	CT guidance and monitoring for tissue ablation	06.52				21.150	1418.50 (1244.30)
	May only be used once per procedure for a region. Radiologist assistance (01030) may be added if procedure is performed by a non-radiologist. If performed by radiologist, add procedural code 80620, or 80630.	06.52					
00390	CT examination contrast material	06.52				-	-
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	06.52					
00420	MR Spectroscopy any region	06.52				28.900	1938.30 (1700.30)
	May be added to the regional study, once only.	06.52					
00430	MR guidance for needle replacement	06.52				42.560	2854.50 (2503.90)
	Comprehensive MRI code including region studied and guidance. Guided procedure code to be added eg 80600, 80605, 80610.	06.52					
00440	MR low field strength imaging of peripheral joint any region	06.52				12.000	804.80 (706.00)
00450	MR planning study for radiotherapy or surgical procedure	06.52				38.000	2548.70 (2235.70)
00455	MR planning study for radiotherapy or surgical procedure, with contrast	06.52				47.000	3152.30 (2765.20)
00490	MR examination contrast material	06.52				-	-
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	06.52					
00510	Analogue monoplane screening table	06.52				41.010	2750.50 (2412.70)
	A machine code may be added once per complete procedure / patient visit.	06.52					
00520	Analogue monoplane table with DSA attachment	06.52				47.500	3185.80 (2794.60)
	A machine code may be added once per complete procedure / patient visit.	06.52					
00530	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment.	06.52				47.500	3185.80 (2794.60)
	A machine code may be added once per complete procedure / patient visit.	06.52					
00540	Digital monoplane screening table	06.52				79.920	5360.20 (4701.90)
	A machine code may be added once per complete procedure / patient visit.	06.52					
00550	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment.	06.52				93.030	6239.50 (5473.20)
	A machine code may be added once per complete procedure / patient visit.	06.52					
00560	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment.	06.52				125.000	8383.80 (7354.20)
	A machine code may be added once per complete procedure / patient visit.	06.52					
00590	Angiography and interventional examination contrast material	06.52				-	-
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	06.52					
00900	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton	06.52		34.920	2342.10 (2054.50)		
00903	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton and SPECT (Single-Photon Emission Computed Tomography)	06.52		48.330	3241.50 (2843.40)		
00906	Nuclear Medicine study - Venous thrombosis regional	06.52		21.540	1444.70 (1267.30)		
00921	Nuclear Medicine study – Infection whole body	06.52		31.450	2109.40 (1850.40)		
00924	Nuclear Medicine study – infection whole body with SPECT	06.52		44.860	3008.80 (2639.30)		
00927	Nuclear Medicine study – infection whole body multiple studies	06.52		44.860	3008.80 (2639.30)		

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
00930	Nuclear Medicine study – infection whole body with SPECT multiple studies	06.52		58.270	3908.20 (3428.20)		
00933	Nuclear Medicine study - Bone marrow imaging limited area	06.52		24.100	1616.40 (1417.90)		
00936	Nuclear Medicine study - Bone marrow imaging whole body	06.52		37.510	2515.80 (2206.80)		
00939	Nuclear Medicine study - Bone marrow imaging limited area multiple studies	06.52		37.510	2515.80 (2206.80)		
00942	Nuclear Medicine study - Bone marrow imaging whole body multiple studies	06.52		50.920	3415.20 (2995.80)		
00945	Nuclear Medicine study - Spleen imaging only - haematopoietic	06.52		24.100	1616.40 (1417.90)		
00990	Nuclear Medicine Isotope	06.52		-	-		
	Identification code for the use of isotope with a procedure. Appropriate codes to be supplied.	06.52					
00991	Nuclear Medicine Substrate	06.52		-	-		
Call and assistance							
	• Emergency call out code 01010 only to be used if radiologist is called out to the rooms to report on an examination after normal working hours. May not be used for routine reporting during extended working hours. • Emergency call out code 01020 only to be used when a radiologist reports on subsequent cases after having been called out to the rooms to report an initial after hours procedure. This code may also be used for home tele-radiology reporting of an emergency procedure. May not be used for routine reporting during normal or extended working hours. • Radiologist assistance in theatre code 01030 only to be used if the radiologist is actively involved in assisting another radiologist or clinician with a procedure. • Radiographer assistance in theatre 01040 may not be used for procedures performed in facilities owned by the radiologist; ie only for attendance in hospital theatres etc. Does not apply to Bed Side Unit (BSU) examinations. • Second opinion consultations only to be used if a written report is provided as indicated in codes 01050, 01055, 01060. Not intended for ad hoc verbal consultations.						06.52
01010	Emergency call out fee, first case	06.52				3.000	201.20 (176.50)
01020	Emergency call out fee, subsequent cases same trip	06.52				2.000	134.10 (117.60)
01030	Radiologist assistance in theatre, per half hour	06.52				6.000	402.40 (353.00)
01040	Radiographer attendance in theatre, per half hour	06.52				1.600	107.30 (94.10)
01050	Written report on study done elsewhere, short	06.52				1.500	100.65 (88.20)
01055	Written report on study done elsewhere, extensive	06.52				4.200	281.70 (247.10)
01060	Written report for medico legal purposes, per hour	06.52				9.720	651.90 (571.80)
01070	Consultation for pre-assessment of interventional procedure	06.52				4.860	326.00 (286.00)
01100	X-ray procedure after hours, per procedure	06.52				2.000	-
01200	Ultrasound procedure after hours, per procedure	06.52				4.000	-
01300	CT procedure after hours, per procedure	06.52				10.000	-
01400	MR procedure after hours, per procedure	06.52				14.000	-
01500	Angiography procedure after hours, per procedure	06.52				20.000	-
01600	Interventional procedure after hours, per procedure	06.52				26.000	-
01970	Consultation for nuclear medicine study	06.52		2.200	147.60 (129.50)		
Monitoring							
	• ECG / Pulse oximetry monitoring (02010). Use for monitoring patients requiring conscious sedation during imaging procedure. Not to be used as a routine.						06.52
02010	ECG/pulse Oximeter monitoring	06.52				2.000	134.10 (117.60)
Head							
Skull and Brain							
	Codes 10100 (skull) and 10110 (tomography) may be combined.						06.52
10100	X-ray of the skull	06.52				3.860	258.90 (227.10)
10110	X-ray tomography of the skull	06.52				4.300	288.40 (253.00)
10120	X-ray shuntogram for VP shunt	06.52				15.360	1030.20 (903.70)
10200	Ultrasound of the brain – Neonatal	06.52				7.380	495.00 (434.20)
10210	Ultrasound of the brain including doppler	06.52				13.220	886.70 (777.80)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
10220	Ultrasound of the intracranial vasculature, including B mode, pulse and colour doppler	06.52				15.040	1008.70 (884.80)
10300	CT Brain uncontrasted	06.52				22.650	1519.10 (1332.50)
10310	CT Brain with contrast only	06.52				33.280	2232.10 (1958.00)
10320	CT Brain pre and post contrast	06.52				40.480	2715.00 (2381.60)
10325	CT brain pre and post contrast for perfusion studies	06.52				49.100	3293.10 (2888.70)
	Stand alone code may not be added to any other CT studies of the brain, except for code 10330	06.52					
10330	CT angiography of the brain	06.52				77.580	5203.30 (4564.30)
10335	CT of the brain pre and post contrast with angiography	06.52				97.910	6566.80 (5760.40)
10340	CT brain for cranio-stenosis including 3D	06.52				34.160	2291.10 (2009.70)
10350	CT Brain stereotactic localisation	06.52				19.360	1298.50 (1139.00)
10360	CT base of skull coronal high resolution study for CSF leak	06.52				34.900	2340.70 (2053.20)
10400	MR of the brain, limited study	06.52				43.560	2921.60 (2562.80)
10410	MR of the brain uncontrasted	06.52				63.800	4279.10 (3753.60)
10420	MR of the brain with contrast	06.52				75.940	5093.30 (4467.80)
10430	MR of the brain pre and post contrast	06.52				104.040	6978.00 (6121.10)
10440	MR of the brain pre and post contrast, for perfusion studies	06.52				107.440	7206.00 (6321.10)
10450	MR of the brain plus angiography	06.52				92.200	6183.90 (5424.50)
10460	MR of the brain pre and post contrast plus angiography	06.52				121.230	8130.90 (7132.40)
10470	MR angiography of the brain uncontrasted	06.52				58.500	3923.60 (3441.80)
10480	MR angiography of the brain contrasted	06.52				74.020	4964.50 (4354.80)
10485	MR of the brain, with diffusion studies	06.52				79.000	5298.50 (4647.80)
10490	MR of the brain, pre and post contrast, with diffusion studies,	06.52				110.640	7420.60 (6509.30)
10492	MR study of the brain plus angiography plus diffusion, uncontrasted	06.52				95.000	6371.70 (5589.20)
10495	MR of the brain pre and post contrast plus angiography and diffusion	06.52				125.440	8413.30 (7380.10)
10500	Arteriography of intracranial vessels: 1 - 2 vessels	06.52				48.600	3259.60 (2859.30)
10510	Arteriography of intracranial vessels: 3 - 4 vessels	06.52				82.330	5521.90 (4843.80)
10520	Arteriography of extra-cranial (non-cervical) vessels	06.52				48.440	3248.90 (2849.90)
10530	Arteriography of intracranial and extra-cranial (non-cervical) vessels	06.52				118.090	7920.30 (6947.60)
10540	Arteriography of intracranial vessels (4) plus 3 D rotational angiography	06.52				97.570	6544.00 (5740.40)
10550	Arteriography of intracranial vessels (1) plus 3D rotational angiography	06.52				37.290	2501.00 (2193.90)
10560	Venography of dural sinuses	06.52				52.230	3503.10 (3072.90)
10900	Nuclear Medicine study – Bone regional, static	06.52		21.500	1442.00 (1264.90)		
10905	Nuclear Medicine study – Bone regional, static, with flow	06.52		27.530	1846.40 (1619.60)		
10910	Nuclear Medicine study – Bone regional, static with SPECT	06.52		34.920	2342.10 (2054.50)		
10915	Nuclear Medicine study – Bone regional, static, with flow, with SPECT	06.52		40.940	2745.80 (2408.60)		

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
10920	Nuclear Medicine study – Brain, planar, complete, static	06.52		16.920	1134.80 (995.40)		
10925	Nuclear Medicine study – Brain complete static with vascular flow	06.52		22.950	1539.30 (1350.30)		
10930	Nuclear Medicine study – Brain, planar, complete, static, with SPECT	06.52		30.330	2034.20 (1784.40)		
10935	Nuclear Medicine study – Brain, planar, complete, static, with flow, with SPECT	06.52		36.360	2438.70 (2139.20)		
10940	Nuclear Medicine study - CSF flow imaging cisternography	06.52		21.600	1448.70 (1270.80)		
10945	Nuclear Medicine study – Ventriculography	06.52		13.410	899.40 (788.90)		
10950	Nuclear Medicine study - Shunt evaluation static, planar	06.52		13.410	899.40 (788.90)		
10955	Nuclear Medicine study - CFS leakage detection and localisation	06.52		13.410	899.40 (788.90)		
10960	Nuclear medicine study - CSF SPECT	06.52		13.410	899.40 (788.90)		
Facial bones and nasal bones							
	Codes 11100 (facial bones) and 11110 (tomography) may be combined						06.52
11100	X-ray of the facial bones	06.52				3.930	263.60 (231.20)
11110	X-ray tomography of the facial bones	06.52				4.300	288.40 (253.00)
11120	X-ray of the nasal bones	06.52				2.390	160.30 (140.60)
11300	CT of the facial bones	06.52				20.960	1405.80 (1233.20)
11310	CT of the facial bones with 3D reconstructions	06.52				30.400	2038.90 (1788.50)
11320	CT of the facial bones/soft tissue, pre and post contrast	06.52				41.260	2767.30 (2427.50)
11400	MR of the facial soft tissue	06.52				62.400	4185.20 (3671.20)
11410	MR of the facial soft tissue pre and post contrast	06.52				100.600	6747.20 (5918.60)
11420	MR of the facial soft tissue plus angiography, with contrast	06.52				110.300	7397.80 (6489.30)
11430	MR angiography of the facial soft tissue	06.52				74.020	4964.50 (4354.80)
Orbits, lacrimal glands and tear ducts							
	Code 12130 (tomography) may be added to 12100 or 12110 or 12120 (orbits) or 12140 (dacrocystography).						06.52
12100	X-ray orbits less than three views	06.52				3.560	238.80 (209.50)
12110	X-ray of the orbits, three or more views, including foramina	06.52				5.300	355.50 (311.80)
12120	X-ray of the orbits for foreign body	06.52				3.560	238.80 (209.50)
12130	X-ray tomography of the orbits	06.52				4.300	288.40 (253.00)
12140	X-ray dacrocystography	06.52				11.200	751.20 (658.90)
12200	Ultrasound of the orbit/eye	06.52				5.130	344.10 (301.80)
12210	Ultrasound of the orbit/eye including doppler	06.52				10.970	735.80 (645.40)
12300	CT of the orbits single plane	06.52				15.700	1053.00 (923.70)
12310	CT of the orbits, more than one plane	06.52				20.590	1381.00 (1211.40)
12320	CT of the orbits pre and post contrast single plane	06.52				36.030	2416.50 (2119.70)
12330	CT of the orbits pre and post contrast multiple planes	06.52				39.700	2662.70 (2335.70)
12400	MR of the orbits	06.52				62.460	4189.20 (3674.70)
12410	MR of the orbitae, pre and post contrast	06.52				100.640	6749.90 (5921.00)
12900	Nuclear Medicine study – Dacrocystography	06.52		20.770	1393.00 (1221.90)		

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
Paranasal sinuses							
	Code 13120 (tomography) may be added to 13100, 13110 (paranasal sinuses), 13130 (nasopharyngeal).						06.52
13100	X-ray of the paranasal sinuses, single view	06.52				2.740	183.80 (161.20)
13110	X-ray of the paranasal sinuses, two or more views	06.52				3.660	245.50 (215.40)
13120	X-ray tomography of the paranasal sinuses	06.52				4.300	288.40 (253.00)
13130	X-ray of the naso-pharyngeal soft tissue	06.52				2.740	183.80 (161.20)
13300	CT of the paranasal sinuses single plane, limited study	06.52				7.200	482.90 (423.60)
13310	CT of the paranasal sinuses, two planes, limited study	06.52				12.400	831.70 (729.60)
13320	CT of the paranasal sinuses, any plane, complete study	06.52				15.420	1034.20 (907.20)
13330	CT of the paranasal sinuses, more than one plane, complete study	06.52				20.770	1393.00 (1221.90)
13340	CT of the paranasal sinuses, any plane, complete study: pre and post contrast	06.52				34.740	2330.00 (2043.90)
13350	CT of the paranasal sinuses, more than one plane, complete study; pre and post contrast	06.52				41.010	2750.50 (2412.70)
13400	MR of the paranasal sinuses	06.52				60.270	4042.30 (3545.90)
13410	MR of the paranasal sinuses, pre and post contrast	06.52				96.590	6478.30 (5682.70)
Mandible, teeth and maxilla							
	Code 14110 (orthopantomogram) may be combined with 14100 (mandible) if two separate studies are performed. Code 14110 (orthopantomogram) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed. Code 14160 (tomography) may be combined with 14130 or 14140 or 14150 (teeth). Code 14160 (tomography) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed. Code 14330 and 14340 (Dental implants) may be combined if mandible and maxilla are examined at the same visit.						06.52
14100	X-ray of the mandible	06.52				3.660	245.50 (215.40)
14110	X-ray orthopantomogram of the jaws and teeth	06.52				4.060	272.30 (238.90)
14120	X-ray maxillofacial cephalometry	06.52				2.770	185.80 (163.00)
14130	X-ray of the teeth single quadrant	06.52				2.000	134.10 (117.60)
14140	X-ray of the teeth more than one quadrant	06.52				2.530	169.70 (148.90)
14150	X-ray of the teeth full mouth	06.52				3.620	242.80 (213.00)
14160	X-ray tomography of the teeth per side	06.52				3.230	216.60 (190.00)
14300	CT of the mandible	06.52				22.280	1494.30 (1310.80)
14310	CT of the mandible, pre and post contrast	06.52				41.260	2767.30 (2427.50)
14320	CT mandible with 3D reconstructions	06.52				30.400	2038.90 (1788.50)
14330	CT for dental implants in the mandible	06.52				27.450	1841.10 (1615.00)
14340	CT for dental implants in the maxilla	06.52				27.450	1841.10 (1615.00)
14400	MR of the mandible/maxilla	06.52				63.800	4279.10 (3753.60)
14410	MR of the mandible/maxilla, pre and post contrast	06.52				98.640	6615.80 (5803.30)
TM Joints							
	Code 15100 (TM joint) and 15120 (tomography) may be combined. Code 15110 (TM joint) and 15130 (tomography) may be combined. Code 15140 (arthrography) and 15120 (tomography) may be combined. Code 15150 (arthrography) and 15130 (tomography)may be combined. Codes 15320 (CT arthrogram) and 15420 (MR arthrogram) include introduction of contrast (00140 may not be added).						06.52
15100	X-ray tempero-mandibular joint, left	06.52				3.560	238.80 (209.50)
15110	X-ray tempero-mandibular joint, right	06.52				3.560	238.80 (209.50)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
15120	X-ray tomography tempero-mandibular joint, left	06.52				4.300	288.40 (253.00)
15130	X-ray tomography tempero-mandibular joint, right	06.52				4.300	288.40 (253.00)
15140	X-ray arthrography of the tempero-mandibular joint, left	06.52				15.410	1033.50 (906.60)
15150	X-ray arthrography of the tempero-mandibular joint, right	06.52				15.410	1033.50 (906.60)
15200	Ultrasound tempero-mandibular joints, one or both sides	06.52				6.560	440.00 (386.00)
15300	CT of the tempero-mandibular joints	06.52				25.380	1702.20 (1493.20)
15310	CT of the tempero-mandibular joints plus 3D reconstructions	06.52				34.500	2313.90 (2029.70)
15320	CT arthrogram of the tempero-mandibular joints	06.52				35.960	2411.80 (2115.60)
15400	MR of the tempero-mandibular joints	06.52				63.800	4279.10 (3753.60)
15410	MR of the tempero-mandibular joints, pre and post contrast	06.52				100.840	6763.30 (5932.70)
15420	MR arthrogram of the tempero-mandibular joints	06.52				74.710	5010.80 (4395.40)
Mastoids and internal auditory canal							
	Code 16100 (mastoids) and 16120 (tomography) may be combined. Code 16110 (mastoids bilat) and 16130 (tomography) may be combined Code 16140 (IAM's) and 16150 (tomography) may be combined.						06.52
16100	X-ray of the mastoids, unilateral	06.52				3.590	240.80 (211.20)
16110	X-ray of the mastoids, bilateral	06.52				7.180	481.60 (422.50)
16120	X-ray tomography of the petro-temporal bone, unilateral	06.52				4.300	288.40 (253.00)
16130	X-ray tomography of the petro-temporal bone, bilateral	06.52				8.600	576.80 (506.00)
16140	X-ray internal auditory canal, bilateral	06.52				5.230	350.80 (307.70)
16150	X-ray tomography of the internal auditory canal, bilateral	06.52				4.300	288.40 (253.00)
16300	CT of the mastoids	06.52				12.600	845.10 (741.30)
16310	CT of the internal auditory canal	06.52				21.470	1440.00 (1263.20)
16320	CT of the internal auditory canal, pre and post contrast	06.52				34.200	2293.80 (2012.10)
16330	CT of the ear structures, limited study	06.52				13.400	898.70 (788.30)
16340	CT of the middle and inner ear structures, high definition including all reconstructions in various planes	06.52				43.350	2907.50 (2550.40)
16400	MR of the internal auditory canals, limited study	06.52				43.560	2921.60 (2562.80)
16410	MR of the internal auditory canals, pre and post contrast, limited study	06.52				68.930	4623.10 (4055.40)
16420	MR of the internal auditory canals, pre and post contrast, complete study	06.52				102.640	6884.10 (6038.70)
16430	MR of the ear structures	06.52				64.400	4319.30 (3788.90)
16440	MR of the ear structures, pre and post contrast	06.52				102.640	6884.10 (6038.70)
Sella turcica							
	Code 17100 (sella) and 17110 (tomography) may be combined.						06.52
17100	X-ray of the sella turcica	06.52				3.080	206.60 (181.20)
17110	X-ray tomography of the sella turcica	06.52				4.300	288.40 (253.00)
17300	CT of the sella turcica/hypophysis	06.52				17.450	1170.40 (1026.70)
17310	CT of the sella turcica/hypophysis, pre and post contrast	06.52				42.260	2834.40 (2486.30)
17400	MR of the hypophysis	06.52				43.560	2921.60 (2562.80)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
17410	MR of the hypophysis, pre and post contrast	06.52				74.030	4965.20 (4355.40)
Salivary glands and floor of the mouth							
	Code 18100 (calculus) and 18110 (open mouth) may be combined. Codes 18120 (sialography) and 18320 (CT sialography) include introduction of contrast and fluoroscopy (00140 may not be added).						06.52
18100	X-ray of the salivary glands and ducts for calculus	06.52				2.840	190.50 (167.10)
18110	X-ray of the salivary ducts, open mouth for calculus	06.52				1.900	127.40 (111.80)
18120	X-ray sialography, per gland	06.52				14.080	944.30 (828.30)
18200	Ultrasound of the salivary glands/floor of the mouth	06.52				6.560	440.00 (386.00)
18300	CT of the salivary glands, uncontrasted	06.52				12.600	845.10 (741.30)
18310	CT of the salivary glands/floor of the mouth, pre and post contrast	06.52				42.100	2823.60 (2476.80)
18320	CT sialography	06.52				26.280	1762.60 (1546.10)
18400	MR of the salivary glands/floor of the mouth	06.52				63.200	4238.80 (3718.20)
18410	MR of the salivary glands/floor of the mouth, pre and post contrast	06.52				100.840	6763.30 (5932.70)
18900	Nuclear Medicine study - Salivary gland imaging	06.52		20.770	1393.00 (1221.90)		
Soft Tissue							
19920	Nuclear medicine study - Infection localisation planar, static	06.52		18.040	1209.90 (1061.30)		
19925	Nuclear medicine study - Infection localisation planar, static, multiple studies	06.52		31.450	2109.40 (1850.40)		
19930	Nuclear medicine study - Infection localisation planar, static and SPECT	06.52		31.450	2109.40 (1850.40)		
19935	Nuclear medicine study - Infection localisation planar, static, multiple studies and SPECT	06.52		44.860	3008.80 (2639.30)		
Neck							
	Code 20120 (laryngography) includes fluoroscopy (00140 may not be added). Code 20130 (speech) includes tomography and cinematography (00140 may not be added). Code 20450 (MR Angiography) may be combined with 10410 (MR brain).						06.52
20100	X-ray of soft tissue of the neck	06.52				2.740	183.80 (161.20)
20110	X-ray of the larynx including tomography	06.52				9.390	629.80 (552.50)
20120	X-ray laryngography	06.52				8.280	555.30 (487.10)
20130	X-ray evaluation of pharyngeal movement and speech by screening and / or cine with or without video recording	06.52				8.300	556.70 (488.30)
20200	Ultrasound of the thyroid	06.52				6.560	440.00 (386.00)
20210	Ultrasound of soft tissue of the neck	06.52				6.560	440.00 (386.00)
20220	Ultrasound of the carotid arteries, bilateral including B mode, pulsed and colour doppler	06.52				15.000	1006.10 (882.50)
20230	Ultrasound of the entire extracranial vascular tree including carotids, vertebral and subclavian vessels with B mode, pulse and colour doppler	06.52				21.840	1464.80 (1284.90)
20240	Ultrasound study of the venous system of the neck including pulse and colour Doppler	06.52				10.800	724.40 (635.40)
20300	CT of the soft tissues of the neck	06.52				18.250	1224.00 (1073.70)
20310	CT of the soft tissues of the neck, with contrast	06.52				38.150	2558.70 (2244.50)
20320	CT of the soft tissues of the neck, pre and post contrast	06.52				43.810	2938.30 (2577.50)
20330	CT angiography of the extracranial vessels in the neck	06.52				79.360	5322.70 (4669.00)
20340	CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain	06.52				107.500	7210.00 (6324.60)
20350	CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain plus a pre and post contrast study of the brain	06.52				124.430	8345.50 (7320.60)
20400	Mr of the soft tissue of the neck	06.52				63.600	4265.70 (3741.80)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
20410	MR of the soft tissue of the neck, pre and post contrast	06.52				102.040	6843.80 (6003.30)
20420	MR of the soft tissue of the neck and uncontrasted angiography	06.52				92.600	6210.70 (5448.00)
20430	MR angiography of the extracranial vessels in the neck, without contrast	06.52				59.600	3997.40 (3506.50)
20440	MR angiography of the extracranial vessels in the neck, with contrast	06.52				74.020	4964.50 (4354.80)
20450	MR angiography of the extra and intracranial vessels with contrast	06.52				116.050	7783.50 (6827.60)
20460	MR angiography of the intra and extra cranial vessels plus brain, without contrast	06.52				135.170	9065.90 (7952.50)
20470	MR angiography of the intra and extra cranial vessels plus brain, with contrast	06.52				156.050	10466.30 (9181.00)
20500	Arteriography of cervical vessels: carotid 1 - 2 vessels	06.52				44.430	2979.90 (2613.90)
20510	Arteriography of cervical vessels: vertebral 1 - 2 vessels	06.52				50.730	3402.50 (2984.60)
20520	Arteriography of cervical vessels: carotid and vertebral	06.52				77.630	5206.60 (4567.20)
20530	Arteriography of aortic arch and cervical vessels	06.52				91.970	6168.40 (5410.90)
20540	Arteriography of aortic arch, cervical and intracranial vessels	06.52				108.870	7301.90 (6405.20)
20550	Venography of jugular and vertebral veins	06.52				48.950	3283.10 (2879.90)
Thyroid (Nuclear Medicine)							
21900	Nuclear Medicine study - Thyroid, single uptake	06.52		9.680	649.20 (569.50)		
21910	Nuclear medicine study - Thyroid, multiple uptake	06.52		14.690	985.30 (864.30)		
21920	Nuclear medicine study - Thyroid imaging with uptake	06.52		17.720	1188.50 (1042.50)		
21930	Nuclear medicine study - Thyroid imaging	06.52		12.720	853.10 (748.30)		
21940	Nuclear medicine study - Thyroid imaging with vascular flow	06.52		18.740	1256.90 (1102.50)		
21950	Nuclear medicine study - Thyroid suppression/stimulation	06.52		12.720	853.10 (748.30)		
Parathyroid (Nuclear Medicine)							
22900	Nuclear Medicine study - Parathyroid, planar, static	06.52		16.520	1108.00 (971.90)		
22910	Nuclear medicine study - Parathyroid, planar, static, multiple	06.52		28.910	1939.00 (1700.90)		
22920	Nuclear medicine study - Parathyroid, planar, static with subtraction technique	06.52		21.880	1467.50 (1287.30)		
22930	Nuclear medicine study - Parathyroid SPECT	06.52		13.410	899.40 (788.90)		
Soft Tissue							
29925	Nuclear medicine study - Infection localisation planar, static, multiple studies	06.52		31.450	2109.40 (1850.40)		
29930	Nuclear medicine study - Infection localisation planar, static and SPECT	06.52		31.450	2109.40 (1850.40)		
29935	Nuclear medicine study - Infection localisation planar, static, multiple studies and SPECT	06.52		44.860	3008.80 (2639.30)		
29940	Nuclear medicine study - Regional lymph node mapping, static, planar	06.52		24.100	1616.40 (1417.90)		
29945	Nuclear medicine study - Regional lymph node mapping, static, planar, multiple	06.52		36.490	2447.40 (2146.80)		
29950	Nuclear medicine study – Lymph node localisation with gamma probe	06.52		12.390	831.00 (728.90)		
Thorax							
Chest wall, pleura, lungs and mediastinum							
	Code 30140 (tomography) may be combined with 30100 or 30110 (chest) or 30150 or 30155 (ribs) or 30160 (thoracic inlet). Codes 30170 (Sterno-clavicular) and 30175 (tomography) may be combined. Code 30180 (sternum) and 30185 (tomography) may be combined. Code 30340 (CT limited high resolution) may be combined with 30310 or 30320 or 30330 (CT chest). Motivation may be required. Code 30350 (high resolution) is a stand alone study. Code 30360, (CT chest for pulmonary embolism) is a complete examination and includes the preceding uncontrasted CT scan of the chest, and may not be combined with 40330 or 40333 (CT abdomen and pelvis). Code 30370 (CT pulmonary embolism plus CT venography) may not be combined with 70230 (Doppler).						06.52

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
30100	X-ray of the chest, single view	06.52				3.040	203.90 (178.90)
30110	X-ray of the chest two views, PA and lateral	06.52				3.840	257.50 (225.90)
30120	X-ray of the chest complete with additional views	06.52				4.240	284.40 (249.50)
30130	X-ray of the chest complete including fluoroscopy	06.52				4.480	300.50 (263.60)
30140	X-ray tomography of the chest	06.52				4.300	288.40 (253.00)
30150	X-ray of the ribs	06.52				4.790	321.30 (281.80)
30155	X-ray of the chest and ribs	06.52				6.420	430.60 (377.70)
30160	X-ray of the thoracic inlet	06.52				2.560	171.70 (150.60)
30170	X-ray of the sterno-clavicular joints	06.52				4.210	282.40 (247.70)
30175	X-ray tomography of the sterno-clavicular joint	06.52				4.300	288.40 (253.00)
30180	X-ray of the sternum	06.52				4.210	282.40 (247.70)
30185	X-ray tomography of the sternum	06.52				4.300	288.40 (253.00)
30200	Ultrasound of the chest wall, any region	06.52				6.560	440.00 (386.00)
30210	Ultrasound of the pleural space	06.52				6.560	440.00 (386.00)
30220	Ultrasound of the mediastinal structures	06.52				6.560	440.00 (386.00)
30300	CT of the chest, limited study	06.52				9.500	637.20 (558.90)
30310	CT of the chest uncontrasted	06.52				26.600	1784.10 (1565.00)
30320	CT of the chest contrasted	06.52				42.430	2845.80 (2496.30)
30330	CT of the chest, pre and post contrast	06.52				45.700	3065.10 (2688.70)
30340	CT of the chest, limited high resolution study	06.52				11.200	751.20 (658.90)
30350	CT of the chest, complete high resolution study	06.52				24.010	1610.40 (1412.60)
30355	CT of the chest, complete high resolution study with additonal prone and expiratory studies	06.52				33.300	2233.40 (1959.10)
30360	CT of the chest for pulmonary embolism	06.52				57.120	3831.00 (3360.50)
30370	CT of the chest for pulmonary embolism with CT venography of abdomen, pelvis and lower limbs	06.52				80.280	5384.40 (4723.20)
30400	MR of the chest	06.52				63.600	4265.70 (3741.80)
30410	MR of the chest with uncontrasted angiography	06.52				92.600	6210.70 (5448.00)
30420	MR of the chest, pre and post contrast	06.52				102.040	6843.80 (6003.30)
30900	Nuclear Medicine study - Lung perfusion	06.52		21.540	1444.70 (1267.30)		
30910	Nuclear Medicine study - Lung ventilation, aerosol	06.52		21.500	1442.00 (1264.90)		
30920	Nuclear Medicine study - Lung perfusion and ventilation	06.52		42.030	2819.00 (2472.80)		
30930	Nuclear Medicine study - Lung ventilation using radio-active gas	06.52		14.170	950.40 (833.70)		
30940	Nuclear Medicine study - Lung perfusion and ventilation using radio-active gas	06.52		34.690	2326.70 (2041.00)		
30950	Nuclear medicine study - Muco-ciliary clearance study dynamic	06.52		26.510	1778.00 (1559.60)		
30960	Nuclear medine study - alveolar permeability	06.52		26.510	1778.00 (1559.60)		
	Stand alone code. Not to be combined with 30910.	06.52					
30970	Nuclear medicine study - quantitative evaluation of lung perfusion and ventilation	06.52		6.020	403.80 (354.20)		

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
	Stand alone code. Not to be combined with 30920.	06.52					
Oesophagus							
	Codes 31100, 31110, 31120 (swallow) include fluoroscopy (00140 may not be added).						06.52
31100	X-ray barium swallow	06.52				6.600	442.70 (388.30)
31105	Xray 3 phase dynamic contrasted swallow	06.52				12.600	845.10 (741.30)
31110	X-ray barium swallow, double contrast	06.52				7.920	531.20 (466.00)
31120	X-ray barium swallow with cinematography	06.52				10.070	675.40 (592.50)
Aorta and large vessels							
	Codes 32210 and 32220 (Ivus) may be combined						06.52
32200	Ultrasound intravascular arterial or venous assessment for intervention, once per complete procedure	06.52				4.200	281.70 (247.10)
32210	Ultrasound intravascular (IVUS) first vessel	06.52				8.440	566.10 (496.60)
32220	Ultrasound intravascular (IVUS) subsequent vessels	06.52				5.300	355.50 (311.80)
32300	CT angiography of the aorta and branches	06.52				79.080	5303.90 (4652.50)
32305	CT angiography of the thoracic and abdominal aorta and branches	06.52				105.500	7075.90 (6206.90)
32310	CT angiography of the pulmonary vasculature	06.52				79.080	5303.90 (4652.50)
32400	MR angiography of the aorta and branches	06.52				78.500	5265.00 (4618.40)
32410	MR angiography of the pulmonary vasculature	06.52				105.270	7060.50 (6193.40)
32500	Arteriography of thoracic aorta	06.52				28.260	1895.40 (1662.60)
32510	Arteriography of bronchial intercostal vessels alone	06.52				50.150	3363.60 (2950.50)
32520	Arteriography of thoracic aorta, bronchial and intercostal vessels	06.52				67.430	4522.50 (3967.10)
32530	Arteriography of pulmonary vessels	06.52				63.270	4243.50 (3722.40)
32540	Arteriography of heart chambers, coronary arteries	06.52				44.270	2969.20 (2604.60)
32550	Venography of thoracic vena cava	06.52				28.380	1903.40 (1669.60)
32560	Venography of vena cava, azygos system	06.52				56.310	3776.70 (3312.90)
32570	Venography patency of A-port or other central line	06.52				19.640	1317.30 (1155.50)
Heart							
	Codes 33300 (CT anatomy / function) and 33310 (CT Angiography) may be done as stand alone studies or as additive studies if both are performed at the same time.						06.52
33205	Ultrasound study of the heart for foetal or paediatric cases including doppler	06.52				12.300	825.00 (723.70)
	Code 33205 is a stand alone study and may not be added to 33200 or 33210. This code is intended for paediatric and foetal cases only	06.52					
33200	Ultrasound study of the heart, including Doppler	06.52				8.200	550.00 (482.50)
33210	Ultrasound study of the heart trans-oesophageal	06.52				10.520	705.60 (618.90)
33220	Ultrasound intravascular imaging to guide placement of intracoronary stent once per vessel	06.52				5.200	348.80 (306.00)
33300	CT anatomical/functional study of the heart	06.52				34.610	2321.30 (2036.20)
33310	CT angiography of heart vessels	06.52				81.280	5451.40 (4781.90)
33400	MR of the heart, anatomical study	06.52				62.200	4171.80 (3659.50)
33410	MR of the heart, anatomical and functional study	06.52				69.000	4627.80 (4059.50)
33420	MR of the heart, pre and post contrast	06.52				103.040	6910.90 (6062.20)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
33430	MR angiography of the heart vessels	06.52				70.710	4742.50 (4160.10)
33440	MR of the heart, anatomical, functional and coronary angiography	06.52				106.840	7165.80 (6285.80)
33900	Nuclear Medicine study - Cardiac shunt detection	06.52		21.500	1442.00 (1264.90)		
33905	Nuclear Medicine study - Cardiac blood pool imaging, ejection fraction plus wall motion single study	06.52		26.510	1778.00 (1559.60)		
33910	Nuclear Medicine study - Cardiac blood pool imaging, ejection fraction plus wall motion multiple studies	06.52		34.920	2342.10 (2054.50)		
33915	Nuclear Medicine study - Cardiac blood pool imaging, gated SPECT	06.52		13.410	899.40 (788.90)		
33920	Nuclear medicine study - Cardiac blood pool imaging, first pass technique	06.52		26.510	1778.00 (1559.60)		
33925	Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi) planar, non gated	06.52		16.520	1108.00 (971.90)		
33930	Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi) planar, non gated	06.52		16.520	1108.00 (971.90)		
33935	Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi), SPECT (non gated)	06.52		16.520	1108.00 (971.90)		
33940	Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi), SPECT non gated	06.52		16.520	1108.00 (971.90)		
33945	Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi), SPECT (gated)	06.52		28.910	1939.00 (1700.90)		
33950	Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi), SPECT (gated)	06.52		28.910	1939.00 (1700.90)		
33955	Nuclear medicine study - Plus wall movement and ejection fraction, SPECT	06.52		6.020	403.80 (354.20)		
33960	Nuclear medicine study - Cardiac hot spot imaging (infarction) planar	06.52		21.500	1442.00 (1264.90)		
33965	Nuclear medicine study - Cardiac hot spot imaging (infarction) SPECT	06.52		13.410	899.40 (788.90)		
33970	Nuclear Medicine study - Multi stage treadmill ECG test	06.52		6.660	446.70 (391.80)		
Mamma							
	Codes 34110 (localization), 34120 (stereo-tactic localization) and 34130 (stereo-tactic biopsy) may not be combined. Code 34130 (stereo-tactic biopsy). Add procedural code 80610 (cutting needle) or 34150 (mammotome) Code 34205 (U/S FNA) includes the procedural code (may not be combined with 34150).						06.52
34100	X-ray mammography including ultrasound	06.52				10.440	700.20 (614.20)
34101	X-Ray mammography unilateral, including ultrasound	06.52				8.352	560.20 (491.40)
	Code 34100 may not be combined with 34205 when these two procedures are done in the same sitting. Code 34100 includes ultrasound. In this situation use code 80605 (fine needle aspiration) with 34100	06.52					
34105	X-ray mammography galactography	06.52				9.400	630.50 (553.10)
	Once off fee per visit. May be added to 34100	06.52					
34110	X-ray mammography study for localisation	06.52				7.240	485.60 (426.00)
34120	X-ray stereotactic mammography – localisation	06.52				10.400	697.50 (611.80)
34130	X-ray stereotactic mammography – biopsy	06.52				11.600	778.00 (682.50)
34140	X-ray of biopsy specimen of the mamma	06.52				2.740	183.80 (161.20)
34150	X-ray Mammotome hand held biopsy apparatus	06.52				9.800	657.30 (576.60)
34200	Ultrasound study of the breast	06.52				7.900	529.90 (464.80)
34205	Ultrasound guided aspiration FNA/localisation of the breast	06.52				12.100	811.50 (711.80)
34300	Computer assisted diagnosis for mammography	06.52				1.400	93.90 (82.40)
34400	MR study of the breast	06.52				62.600	4198.60 (3683.00)
34410	MR study of the breast pre and post contrast	06.52				100.840	6763.30 (5932.70)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
Soft Tissue							
39920	Nuclear medicine study - Infection localisation planar, static	06.52		18.040	1209.90 (1061.30)		
39925	Nuclear medicine study - Infection localisation planar, static, multiple studies	06.52		31.450	2109.40 (1850.40)		
39930	Nuclear medicine study - Infection localisation planar, static and SPECT	06.52		31.450	2109.40 (1850.40)		
39935	Nuclear medicine study - Infection localisation planar, static, multiple studies, SPECT	06.52		44.860	3008.80 (2639.30)		
39940	Nuclear medicine study - Regional lymph node mapping, static, planar	06.52		24.100	1616.40 (1417.90)		
39945	Nuclear medicine study - Regional lymph node mapping, static, planar, multiple	06.52		36.490	2447.40 (2146.80)		
39950	Nuclear medicine study – Lymph node localisation with gamma probe	06.52		12.390	831.00 (728.90)		
Abdomen and Pelvis							
Abdomen/stomach/bowel							
	Code 40120 (tomography) may be combined with 40100 or 40105 or 40110 (abdomen). Codes 40140 to 40190 (barium studies) include fluoroscopy (00140 may not be added). Code 40190 (intussusception) is a stand alone code and may not be combined with 40160 or 40165 (barium enema), (00140 may not be added).	06.52					
40100	X-ray of the abdomen	06.52				3.320	222.70 (195.40)
40105	X-ray of the abdomen supine and erect, or decubitus	06.52				5.360	359.50 (315.40)
40110	X-ray of the abdomen multiple views including chest	06.52				8.100	543.30 (476.60)
40120	X-ray tomography of the abdomen	06.52				4.300	288.40 (253.00)
40140	X-ray barium meal single contrast	06.52				8.870	594.90 (521.80)
40143	X-ray barium meal double contrast	06.52				11.990	804.20 (705.40)
40147	X-ray barium meal double contrast with follow through	06.52				15.800	1059.70 (929.60)
40150	X-ray small bowel enteroclysis (meal)	06.52				25.450	1706.90 (1497.30)
	Code 40150 excludes duodenal intubation and 40175 (Duodenal intubation) may be added.	06.52					
40153	X-ray small bowel meal follow through single contrast	06.52				19.550	1311.20 (1150.20)
40157	X-ray small bowel meal with pneumocolon	06.52				25.630	1719.00 (1507.90)
40160	X-ray large bowel enema single contrast	06.52				12.970	869.90 (763.10)
40165	X-ray large bowel enema double contrast	06.52				19.630	1316.60 (1154.90)
40170	X-ray guided gastro oesophageal intubation	06.52				1.600	107.30 (94.10)
40175	X-ray guided duodenal intubation	06.52				2.800	187.80 (164.70)
40180	X-ray defaecogram	06.52				12.970	869.90 (763.10)
40190	X-ray guided reduction of intussusception	06.52				16.270	1091.20 (957.20)
40200	Ultrasound study of the abdominal wall	06.52				5.540	371.60 (326.00)
40210	Ultrasound study of the whole abdomen including the pelvis	06.52				8.240	552.70 (484.80)
40300	CT study of the abdomen	06.52				26.410	1771.30 (1553.80)
40310	CT study of the abdomen with contrast	06.52				44.820	3006.10 (2636.90)
40313	CT study of the abdomen pre and post contrast	06.52				52.990	3554.00 (3117.50)
40320	CT of the pelvis	06.52				26.130	1752.50 (1537.30)
40323	CT of the pelvis with contrast	06.52				47.480	3184.50 (2793.40)
40327	CT of the pelvis pre and post contrast	06.52				53.870	3613.10 (3169.40)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
40330	CT of the abdomen and pelvis	06.52				38.500	2582.20 (2265.10)
40333	CT of the abdomen and pelvis with contrast	06.52				62.170	4169.70 (3657.60)
40337	CT of the abdomen and pelvis pre and post contrast	06.52				67.430	4522.50 (3967.10)
40340	CT triphasic study of the liver, abdomen and pelvis pre and post contrast	06.52				74.110	4970.60 (4360.20)
40345	CT of the chest, abdomen and pelvis without contrast	06.52				70.120	4702.90 (4125.40)
40350	CT of the chest, abdomen and pelvis with contrast	06.52				88.350	5925.60 (5197.90)
40355	CT of the chest triphasic of the liver, abdomen and pelvis with contrast	06.52				93.050	6240.90 (5474.50)
40360	CT of the base of skull to symphysis pubis with contrast	06.52				102.730	6890.10 (6043.90)
40365	CT colonoscopy	06.52				34.780	2332.70 (2046.20)
	Stand alone study, may not be added to any code between 40300 and 40360	06.52					
40400	MR of the abdomen	06.52				64.580	4331.40 (3799.50)
40410	MR of the abdomen pre and post contrast	06.52				100.840	6763.30 (5932.70)
40420	MR of the pelvis, soft tissue	06.52				64.580	4331.40 (3799.50)
40430	MR of the pelvis, soft tissue, pre and post contrast	06.52				102.040	6843.80 (6003.30)
40900	Nuclear Medicine study - Gastro oesophageal reflux and emptying	06.52		21.500	1442.00 (1264.90)		
40905	Nuclear Medicine study - Gastro oesophageal reflux and emptying multiple studies	06.52		34.920	2342.10 (2054.50)		
40910	Nuclear Medicine study - Gastro intestinal protein loss	06.52		21.500	1442.00 (1264.90)		
40915	Nuclear Medicine study - Gastro intestinal protein loss multiple studies	06.52		34.920	2342.10 (2054.50)		
40920	Nuclear Medicine study – Acute GIT bleed static/dynamic	06.52		21.500	1442.00 (1264.90)		
40925	Nuclear medicine study – Acute GIT bleed multiple studies	06.52		34.920	2342.10 (2054.50)		
40930	Nuclear medicine study - Meckel's localisation	06.52		20.770	1393.00 (1221.90)		
40935	Nuclear medicine study - Gastric mucosa imaging	06.52		20.770	1393.00 (1221.90)		
40940	Nuclear medicine study - colonic transit multiple studies	06.52		44.860	3008.80 (2639.30)		
	Stand alone code	06.52					
Liver, spleen, gall bladder and pancreas							
	Code 41110, 41120 and 41130 (cholangiography) include fluoroscopy (00140 may not be added).						06.52
41100	X-ray ERCP including screening	06.52				18.900	1267.60 (1111.90)
41105	X-ray ERCP reporting on images done in theatre	06.52				2.400	161.00 (141.20)
41110	X-ray cholangiography intra-operative	06.52				8.450	566.70 (497.10)
41120	X-ray T-tube cholangiography post operative	06.52				14.050	942.30 (826.60)
41130	X-ray transhepatic percutaneous cholangiography	06.52				32.340	2169.00 (1902.60)
41200	Ultrasound study of the upper abdomen	06.52				7.000	469.50 (411.80)
41210	Ultrasound doppler of the hepatic and splenic veins and inferior vena cava in assessment of portal venous hypertension or thrombosis	06.52				9.800	657.30 (576.60)
	Code 41210 is a stand alone study and may not be added to 40200, 40210, 41200 or 42200	06.52					
41300	CT of the abdomen triphasic study – liver	06.52				54.900	3682.10 (3229.90)
41400	MR study of the liver/pancreas	06.52				64.780	4344.80 (3811.20)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
41410	MR study of the liver/pancreas pre and post contrast	06.52				100.840	6763.30 (5932.70)
41420	MRCP	06.52				49.200	3299.80 (2894.60)
41430	MR study of the abdomen with MRCP	06.52				92.980	6236.20 (5470.40)
41440	MR study of the abdomen pre and post contrast with MRCP	06.52				133.600	8960.60 (7860.20)
41900	Nuclear Medicine study - Liver and spleen, planar views only	06.52		21.500	1442.00 (1264.90)		
41905	Nuclear Medicine study - Liver and spleen, with flow study	06.52		27.530	1846.40 (1619.60)		
41910	Nuclear Medicine study - Liver and spleen, planar views SPECT	06.52		34.920	2342.10 (2054.50)		
41915	Nuclear Medicine study - Liver and spleen, with flow study and SPECT	06.52		40.940	2745.80 (2408.60)		
41920	Nuclear Medicine study - Hepatobiliary system planar static/dynamic	06.52		21.500	1442.00 (1264.90)		
41925	Nuclear Medicine study – hepatobiliary tract including flow	06.52		26.510	1778.00 (1559.60)		
41930	Nuclear medicine study – Hepatobiliary system planar, static/dynamic multiple studies	06.52		34.920	2342.10 (2054.50)		
41935	Nuclear medicine study – Hepatobiliary tract including flow multiple studies	06.52		39.920	2677.40 (2348.60)		
41940	Nuclear medicine study - Gall bladder ejection fraction	06.52		6.020	403.80 (354.20)		
41945	Nuclear medicine study – Biliary gastric reflux study	06.52		20.770	1393.00 (1221.90)		-
Renal tract							
42100	X-ray tomography of the renal tract	06.52				4.300	288.40 (253.00)
	Code 42100 (tomography) may not be added to 42110 or 42115 (IVP). Codes 42115 (IVP), 42120 (cystography), 42130 (urethography), 42140 (MCU), 42150 (retrograde), and 42160 (prograde) include fluoroscopy (00140 may not be added).	06.52					
42110	X-ray excretory urogram including tomography	06.52				24.660	1667.40 (1462.60)
42115	X-ray excretory urogram including tomography with micturating study	06.52				32.860	2203.90 (1933.20)
42120	X-ray cystography	06.52				15.050	1009.40 (885.40)
42130	X-ray urethrography	06.52				15.370	1030.90 (904.30)
42140	X-ray micturating cysto-urethrography	06.52				19.300	1294.50 (1135.50)
42150	X-ray retrograde/prograde pyelography	06.52				12.530	840.40 (737.20)
42155	X-ray retrograde/prograde pyelography reporting on images done in theatre	06.52				2.410	161.60 (141.80)
42160	X-ray prograde pyelogram – percutaneous	06.52				32.670	2191.20 (1922.10)
42200	Ultrasound study of the renal tract including bladder	06.52				7.420	497.70 (436.60)
42205	Ultrasound doppler for resistive index in vessels of transplanted kidney	06.52				3.800	254.90 (223.60)
	Code 42205 is a stand alone study and may not be added to 42200	06.52					
42210	Ultrasound study of the renal arteries including Doppler	06.52				10.600	710.90 (623.60)
42300	CT of the renal tract for a stone	06.52				25.150	1686.80 (1479.60)
42400	MR of the renal tract for obstruction	06.52				47.000	3152.30 (2765.20)
42410	MR of the kidneys without contrast	06.52				64.580	4331.40 (3799.50)
42420	MR of the kidneys pre and post contrast	06.52				102.240	6857.20 (6015.10)
42900	Nuclear Medicine study - Renal imaging, static (e.g. DMSA)	06.52		21.940	1471.50 (1290.80)		
42905	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with flow	06.52		27.960	1875.30 (1645.00)		

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
42910	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with SPECT	06.52		35.350	2370.90 (2079.70)		
42915	Nuclear Medicine study - Renal imaging, static (e.g. DMSA), with flow, with SPECT	06.52		41.370	2774.70 (2433.90)		
42920	Nuclear Medicine study - Renal imaging dynamic (renogram) and vascular flow	06.52		26.510	1778.00 (1559.60)		
42930	Nuclear Medicine study – Renovascular study, baseline	06.52		26.510	1778.00 (1559.60)		
42940	Nuclear Medicine study – Renovascular study, with intervention	06.52		26.510	1778.00 (1559.60)		
42950	Nuclear medicine study - indirect voiding cystogram	06.52		6.020	403.80 (354.20)		
Reproductive system							
	Codes 43120 and 43130 (hystero-salpingography) include fluoroscopy (00140 may not be added). Codes 43230 (U/S ova aspiration) and 43240 (amniocentesis) are complete procedure codes.						06.52
	Codes 43230 (U/S ova aspiration) and 43240 (amniocentesis) are complete procedures and may not be combined with 00230 (ultrasound guidance) or 80605 (fine needle aspiration). Code 43240 may be combined with 43260 (second trimester), 43270 (third trimester) and 43273 (third trimester follow up)						06.52
43100	X-ray pelvimetry single	06.52				4.000	268.30 (235.40)
43110	X-ray pelvimetry multiple views	06.52				5.800	389.00 (341.20)
43120	X-ray hystero-salpingography	06.52				10.030	672.70 (590.10)
43130	X-ray hystero-salpingography with introduction of contrast	06.52				13.530	907.50 (796.10)
43200	Ultrasound study of the pelvis transabdominal	06.52				5.700	382.30 (335.40)
43205	Ultrasound study of the female pelvis transvaginal	06.52				7.210	483.60 (424.20)
43210	Ultrasound study of the prostate transrectal	06.52				7.380	495.00 (434.20)
43215	Ultrasound transrectal prostate volume for brachytherapy	06.52				10.400	697.50 (611.80)
43220	Ultrasound study of the testes	06.52				7.380	495.00 (434.20)
43225	Ultrasound study for male impotence including doppler and injection of vaso contrictor	06.52				15.000	1006.10 (882.50)
	Code 43225 is a stand alone study and may not be added to 43200, 43210, 43220 or 44200	06.52					
43230	Ultrasound guided transvaginal aspiration for ova	06.52				13.500	905.40 (794.20)
43240	Ultrasound guided amniocenthesis	06.52				5.840	391.70 (343.60)
43250	Ultrasound study of the pregnant uterus, first trimester	06.52				4.200	281.70 (247.10)
43260	Ultrasound study of the pregnant uterus, second trimester	06.52				6.360	426.60 (374.20)
43270	Ultrasound study of the pregnant uterus, third trimester, first visit	06.52				6.360	426.60 (374.20)
43273	Ultrasound study of the pregnant uterus, third trimester, follow-up visit	06.52				4.200	281.70 (247.10)
43277	Ultrasound study of the pregnant uterus, multiple gestation, second or third trimester, first visit	06.52				8.170	548.00 (480.70)
43280	Ultrasound doppler of the umbilical cord for resistive index	06.52				3.800	254.90 (223.60)
	Code 43280 is a stand alone study and may not be added to the following codes: 43250, 43260, 43270, 43273 or 43277	06.52					
43300	CT pelvimetry – Topogram	06.52				6.580	441.30 (387.10)
43400	MR study of pelvic reproductive organs - limited study	06.52				47.600	3192.50 (2800.40)
43405	MR study for pelvimetry	06.52				20.000	1341.40 (1176.70)
43410	MR study of pelvic reproductive organs - complete – uncontrasted	06.52				64.580	4331.40 (3799.50)
43420	MR study of pelvic reproductive organs - complete – pre and post contrast	06.52				102.240	6857.20 (6015.10)
43950	Nuclear medicine study - Radio pharmaceutical voiding cystogram	06.52		21.500	1442.00 (1264.90)		

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
43960	Nuclear medicine study - Testicular imaging	06.52		26.510	1778.00 (1559.60)		
43970	Nuclear medicine study - hystero-salpingography	06.52		26.510	1778.00 (1559.60)		
Aorta and vessels							
	Code 44400 (MR Angiography) may be combined with 40400 (MR abdomen).						06.52
44200	Ultrasound study of abdominal aorta and branches including doppler	06.52				18.320	1228.70 (1077.80)
44205	Ultrasound study of the IVC and pelvic veins including Doppler	06.52				14.000	939.00 (823.70)
	This is a stand alone code and may not be added to 44200.	06.52					
44300	CT angiography of abdominal aorta and branches	06.52				76.720	5145.60 (4513.70)
44305	CT angiography of the abdominal aorta and branches and pre and post contrast study of the upper abdomen	06.52				94.320	6326.00 (5549.10)
44310	CT angiography of the pelvis	06.52				78.640	5274.40 (4626.70)
44320	CT angiography of the abdominal aorta and pelvis	06.52				89.540	6005.40 (5267.90)
44325	CT angiography of the abdominal aorta and pelvis and pre and post contrast study of the upper abdomen and pelvis	06.52				119.150	7991.40 (7010.00)
44330	CT portogram	06.52				74.400	4990.00 (4377.20)
44400	MR angiography of abdominal aorta and branches	06.52				76.640	5140.20 (4508.90)
44500	Arteriography of abdominal aorta alone	06.52				28.120	1886.00 (1654.40)
44503	Arteriography of aorta plus coeliac, mesenteric branches	06.52				75.630	5072.50 (4449.60)
44505	Arteriography of aorta plus renal, adrenal branches	06.52				63.010	4226.10 (3707.10)
44507	Arteriography of aorta plus non-visceral branches	06.52				60.790	4077.20 (3576.50)
44510	Arteriography of coeliac, mesenteric vessels alone	06.52				64.350	4316.00 (3786.00)
44515	Arteriography of renal, adrenal vessels alone	06.52				49.490	3319.30 (2911.70)
44517	Arteriography of non-visceral abdominal vessels alone	06.52				54.910	3682.80 (3230.50)
44520	Arteriography of internal and external iliac vessels alone	06.52				56.720	3804.20 (3337.00)
44525	Venography of internal and external iliac veins alone	06.52				62.110	4165.70 (3654.10)
44530	Corpora cavernosography	06.52				25.060	1680.80 (1474.40)
44535	Vasography, vesciculography	06.52				29.190	1957.80 (1717.40)
44540	Venography of inferior vena cava	06.52				26.120	1751.90 (1536.80)
44543	Venography of hepatic veins alone	06.52				53.770	3606.40 (3163.50)
44545	Venography of inferior vena cava and hepatic veins	06.52				68.910	4621.80 (4054.20)
44550	Venography of lumbar azygos system alone	06.52				43.890	2943.70 (2582.20)
44555	Venography of inferior vena cava and lumbar azygos veins	06.52				65.460	4390.40 (3851.20)
44560	Venography of renal, adrenal veins alone	06.52				43.990	2950.40 (2588.10)
44565	Venography of inferior vena cava and renal/adrenal veins	06.52				68.390	4586.90 (4023.60)
44570	Venography of spermatic, ovarian veins alone	06.52				40.390	2709.00 (2376.30)
44573	Venography of inferior vena cava, renal, spermatic, ovarian veins	06.52				73.990	4962.50 (4353.10)
44580	Venography indirect splenoportogram	06.52				48.670	3264.30 (2863.40)
44583	Venography direct splenoportogram	06.52				31.590	2118.70 (1858.50)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
44587	Venography transhepatic portogram	06.52				66.750	4476.90 (3927.10)
Soft Tissue							
49920	Nuclear medicine study – Infection localisation planar, static	06.52		18.040	1209.90 (1061.30)		
49930	Nuclear medicine study – Infection localisation planar, static, multiple studies	06.52		31.450	2109.40 (1850.40)		
49940	Nuclear medicine study – Infection localisation planar, static and SPECT	06.52		31.450	2109.40 (1850.40)		
49950	Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT	06.52		44.860	3008.80 (2639.30)		
49960	Nuclear medicine study – Regional lymph node mapping dynamic	06.52		5.010	336.00 (294.70)		
49965	Nuclear medicine study – Regional lymph node mapping, static, planar	06.52		24.100	1616.40 (1417.90)		
49970	Nuclear medicine study – Regional lymph node mapping, static, planar, multiple	06.52		37.510	2515.80 (2206.80)		
49975	Nuclear medicine study – Regional lymph node mapping SPECT	06.52		13.410	899.40 (788.90)		
49980	Nuclear medicine study – Lymph node localisation with gamma probe	06.52		13.410	899.40 (788.90)		
Spine, Pelvis and Hips							
	Code 51340 (CT myelography, cervical), 52330 (CT myelography thoracic) and 53340 (CT myelography lumbar) are stand alone studies and may not be combined with the conventional myelography codes viz. 51160, 52150, 53160	06.52					
General							
	Code 50130 (Lumbar puncture) and 50140 (cisternal puncture) include fluoroscopy and introduction of contrast (00140 may not be added).	06.52					
50100	X-ray of the spine scoliosis view AP only	06.52				7.000	469.50 (411.80)
50105	X-ray of the spine scoliosis view AP and lateral	06.52				12.000	804.80 (706.00)
50110	X-ray of the spine scoliosis view AP and lateral including stress views	06.52				18.540	1243.50 (1090.80)
50120	X-ray bone densitometry	06.52				11.520	772.60 (677.70)
50130	X-ray guided lumbar puncture	06.52				4.800	321.90 (282.40)
50140	X-ray guided cisternal puncture cisternogram	06.52				22.980	1541.30 (1352.00)
50300	CT quantitive bone mineral density	06.52				11.830	793.40 (696.00)
50500	Arteriogram of the spinal column and cord, all vessels	06.52				127.230	8533.30 (7485.40)
50510	Venography of the spinal, paraspinal veins	06.52				58.450	3920.20 (3438.80)
Cervical							
	Code 51100 (stress) is a stand alone study and may not be added to 51110, 51120 (cervical spine), 51160 (myelography) and 51170 (discography). Code 51140 (tomography) may be combined with 51110 or 51120 (spine). Code 51160s (myelography) and 51170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added). Code 51300 (CT) limited - limited to a single cervical vertebral body. Code 51310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces. Code 51320 (CT) complete study - an extensive study of the cervical spine. Code 51340 (CT myelography) – post myelographic study and includes all disc levels, includes fluoroscopy and introduction of contrast (00140 may not be added).	06.52					
51100	X-ray of the cervical spine, stress views only	06.52				4.140	277.70 (243.60)
51110	X-ray of the cervical spine, one or two views	06.52				3.010	201.90 (177.10)
51120	X-ray of the cervical spine, more than two views	06.52				4.280	287.10 (251.80)
51130	X-ray of the cervical spine, more than two views including stress views	06.52				7.580	508.40 (446.00)
51140	X-ray Tomography cervical spine	06.52				4.300	288.40 (253.00)
51160	X-ray myelography of the cervical spine	06.52				27.460	1841.70 (1615.50)
51170	X-ray discography cervical spine per level	06.52				25.170	1688.20 (1480.90)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
51300	CT of the cervical spine limited study	06.52				9.500	637.20 (558.90)
51310	CT of the cervical spine – regional study	06.52				13.910	932.90 (818.30)
51320	CT of the cervical spine – complete study	06.52				37.130	2490.30 (2184.50)
51330	CT of the cervical spine pre and post contrast	06.52				58.850	3947.10 (3462.40)
51340	CT myelography of the cervical spine	06.52				47.190	3165.00 (2776.30)
51350	CT myelography of the cervical spine following myelogram	06.52				21.690	1454.70 (1276.10)
51400	MR of the cervical spine, limited study	06.52				44.400	2977.90 (2612.20)
51410	MR of the cervical spine and cranio-cervical junction	06.52				64.820	4347.50 (3813.60)
51420	MR of the cervical spine and cranio-cervical junction pre and post contrast	06.52				102.140	6850.50 (6009.20)
51900	Nuclear Medicine study – Bone regional cervical	06.52		21.500	1442.00 (1264.90)		
51910	Nuclear Medicine study – Bone tomography regional cervical	06.52		13.410	899.40 (788.90)		
51920	Nuclear Medicine study – with flow	06.52		6.020	403.80 (354.20)		
Thoracic							
	Code 52120 (tomography) may be combined with 52100 or 52110 (spine). Code 52150 (myelography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 52300 (CT) limited study – limited to a single thoracic vertebral body. Code 52305 (CT) regional study - 2 vertebral bodies and intervertebral disc paces. Code 52310 (CT) complete study - an extensive study of the thoracic spine. Code 52330 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added).						06.52
52100	X-ray of the thoracic spine, one or two views	06.52				3.210	215.30 (188.90)
52110	X-ray of the thoracic spine, more than two views	06.52				4.000	268.30 (235.40)
52120	X-ray tomography thoracic spine	06.52				4.300	288.40 (253.00)
52140	X-ray of the thoracic spine, more that two views including stress views	06.52				6.640	445.30 (390.60)
52150	X-ray myelography of the thoracic spine	06.52				18.620	1248.80 (1095.40)
52300	CT of the thoracic spine limited study	06.52				9.500	637.20 (558.90)
52305	CT of the thoracic spine – regional study	06.52				13.910	932.90 (818.30)
52310	CT of the thoracic spine complete study	06.52				35.780	2399.80 (2105.10)
52320	CT of the thoracic spine pre and post contrast	06.52				58.850	3947.10 (3462.40)
52330	CT myelography of the thoracic spine	06.52				48.090	3225.40 (2829.30)
52340	CT myelography of the thoracic spine following myelogram	06.52				20.370	1366.20 (1198.40)
52400	MR of the thoracic spine, limited study	06.52				46.600	3125.50 (2741.70)
52410	MR of the thoracic spine	06.52				64.340	4315.30 (3785.40)
52420	MR of the thoracic spine pre and post contrast	06.52				101.420	6802.20 (5966.80)
52900	Nuclear Medicine study – Bone regional dorsal	06.52		21.500	1442.00 (1264.90)		
52910	Nuclear Medicine study – Bone tomography regional dorsal	06.52		13.410	899.40 (788.90)		
52920	Nuclear Medicine study – with flow	06.52		6.020	403.80 (354.20)		

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
Lumbar							
	Code 53100 (stress) is a stand alone study and may not be added to 53110, 53120 (lumbar spine), 53160 (myelography) and 53170 (discography). Code 53140 (tomography) may be combined with 53110 or 53120 (spine). Codes 53160 (myelography) and 53170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added). Code 53300 (CT) limited study – limited to a single lumbar vertebral body. Code 53310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces. Code 53320 (CT) complete study - an extensive study of the lumbar spine. Code 53340 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added).	06.52					
53100	X-ray of the lumbar spine – stress study only	06.52				4.140	277.70 (243.60)
53110	X-ray of the lumbar spine, one or two views	06.52				3.560	238.80 (209.50)
53120	X-ray of the lumbar spine, more than two views	06.52				4.460	299.10 (262.40)
53130	X-ray of the lumbar spine, more that two views including stress views	06.52				7.520	504.40 (442.50)
53140	X-ray tomography lumbar spine	06.52				4.300	288.40 (253.00)
53160	X-ray myelography of the lumbar spine	06.52				23.940	1605.70 (1408.50)
53170	X-ray discography lumbar spine per level	06.52				25.170	1688.20 (1480.90)
53300	CT of the lumbar spine limited study	06.52				9.500	637.20 (558.90)
53310	CT of the lumbar spine – regional study	06.52				13.910	932.90 (818.30)
53320	Ct of the lumbar spine complete study	06.52				37.640	2524.50 (2214.50)
53330	CT of the lumbar spine pre and post contrast	06.52				58.850	3947.10 (3462.40)
53340	CT myelography of the lumbar spine	06.52				49.110	3293.80 (2889.30)
53350	CT myelography of the lumbar spine following myelogram	06.52				23.460	1573.50 (1380.30)
53400	MR of the lumbar spine, limited study	06.52				46.200	3098.60 (2718.10)
53410	MR of the lumbar spine	06.52				64.320	4313.90 (3784.10)
53420	MR of the lumbar spine pre and post contrast	06.52				103.290	6927.70 (6076.90)
53900	Nuclear medicine study – Bone regional lumbar	06.52		21.500	1442.00 (1264.90)		
53910	Nuclear medicine study – Bone tomography regional lumbar	06.52		13.410	899.40 (788.90)		
53920	Nuclear medicine study – with flow	06.52		6.020	403.80 (354.20)		
Sacrum							
	Code 54120 (tomography) may be combined with 54100 (sacrum) or 54110 (SI joints). Code 54300 (CT) limited study - limited to single sacral vertebral body. Code 54310 (CT) complete study - an extensive study of the sacral spine.	06.52					
54100	X-ray of the sacrum and coccyx	06.52				3.580	240.10 (210.60)
54110	X-ray of the sacro-iliac joints	06.52				4.100	275.00 (241.20)
54120	X-ray tomography – sacrum and/or coccyx	06.52				4.300	288.40 (253.00)
54300	CT of the sacrum – limited study	06.52				7.600	509.70 (447.10)
54310	CT of the sacrum – complete study – uncontrasted	06.52				25.610	1717.70 (1506.80)
54320	CT of the sacrum with contrast	06.52				46.930	3147.60 (2761.10)
54330	CT of the sacrum pre and post contrast	06.52				52.970	3552.70 (3116.40)
54400	MR of the sacrum	06.52				65.000	4359.60 (3824.20)
54410	MR of the sacrum pre and post contrast	06.52				101.040	6776.80 (5944.60)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
Pelvis							
	Codes 55110 (tomography) and 55100 (pelvis) may be combined. Code 55300 (CT) limited study – limited to a small region of interest of the pelvis eg. ascetabular roof or pubic ramus.						06.52
55100	X-ray of the pelvis	06.52				3.660	245.50 (215.40)
55110	X-ray tomography – pelvis	06.52				4.300	288.40 (253.00)
55300	CT of the bony pelvis limited	06.52				9.500	637.20 (558.90)
55310	CT of the bony pelvis complete uncontrasted	06.52				25.610	1717.70 (1506.80)
55320	CT of the bony pelvis complete 3D recon	06.52				37.470	2513.10 (2204.50)
55330	CT of the bony pelvis with contrast	06.52				46.930	3147.60 (2761.10)
55340	CT of the bony pelvis – pre and post contrast	06.52				52.970	3552.70 (3116.40)
55400	MR of the bony pelvis	06.52				65.000	4359.60 (3824.20)
55410	MR of the bony pelvis pre and post contrast	06.52				102.240	6857.20 (6015.10)
55900	Nuclear medicine study – Bone regional pelvis	06.52		21.500	1442.00 (1264.90)		
55910	Nuclear medicine study – Bone tomography regional pelvis	06.52		13.410	899.40 (788.90)		
55920	Nuclear medicine study – with flow	06.52		6.020	403.80 (354.20)		
Hips							
	Code 56130 (tomography) may be combined with 56100 or 56110 or 56120 (hip). Code 56140 (stress) may be combined with 56100 or 56110 or 56120 (hip). Code 56150 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 56160 (introduction of contrast into hip joint) to be used with 56310 (CT hip) and 56410 (MR hip) and includes fluoroscopy. The combination of 56150 and 56310 and 56410 is not supported except in exceptional circumstances with motivation. Code 56300 (CT) study limited to small region of interest eg part of femur head.						06.52
56100	X-ray of the left hip	06.52				3.180	213.30 (187.10)
56110	X-ray of the right hip	06.52				3.180	213.30 (187.10)
56120	X-ray pelvis and hips	06.52				6.020	403.80 (354.20)
56130	X-ray tomography – hip	06.52				4.300	288.40 (253.00)
56140	X-ray of the hip/s – stress study	06.52				4.380	293.80 (257.70)
56150	X-ray arthrography of the hip joint including introduction contrast	06.52				15.750	1056.40 (926.70)
56160	X-ray guidance and introduction of contrast into hip joint only	06.52				7.410	497.00 (436.00)
56200	Ultrasound of the hip joints	06.52				6.500	436.00 (382.50)
56300	CT of hip – limited	06.52				9.500	637.20 (558.90)
56310	CT of hip – complete	06.52				27.370	1835.70 (1610.30)
56320	CT of hip – complete with 3D recon	06.52				39.780	2668.00 (2340.40)
56330	CT of hip with contrast	06.52				43.260	2901.40 (2545.10)
56340	CT of hip pre and post contrast	06.52				47.880	3211.30 (2816.90)
56400	MR of the hip joint/s, limited study	06.52				44.900	3011.40 (2641.60)
56410	MR of the hip joint/s	06.52				64.100	4299.20 (3771.20)
56420	MR of the hip joint/s, pre and post contrast	06.52				101.640	6817.00 (5979.80)
56900	Nuclear medicine study – Bone regional pelvis	06.52		21.500	1442.00 (1264.90)		
56910	Nuclear medicine study – Bone limited static plus flow	06.52		27.530	1846.40 (1619.60)		

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
56920	Nuclear medicine study – Bone tomography regional	06.52		13.410	899.40 (788.90)		
Upper limbs							
General							
	Code 60100 (stress only) is a stand alone study and may not be combined with other codes. Code 60110 (tomography) may be combined with any one of the defined regional x-ray studies of the upper limb. Motivation may be required for more than one regional tomographic study per visit. Code 60200 (U/S) may only be used once per visit. Code 60300 (CT) limited study – limited to a small region of interest eg. part of humeral head. Code 60400 (MR limited) may only be used once per visit.						06.52
60100	X-ray upper limbs - any region - stress studies only	06.52				4.520	303.20 (266.00)
60110	X-ray upper limbs - any region – tomography	06.52				4.300	288.40 (253.00)
60200	Ultrasound upper limb – soft tissue - any region	06.52				7.380	495.00 (434.20)
60210	Ultrasound of the peripheral arterial system of the left arm including B mode, pulse and colour doppler	06.52				13.640	914.80 (802.50)
60220	Ultrasound of the peripheral arterial system of the right arm including B mode, pulse and colour doppler	06.52				13.640	914.80 (802.50)
60230	Ultrasound peripheral venous system upper limbs including pulse and colour doppler for deep vein thrombosis	06.52				12.540	841.10 (737.80)
60240	Ultrasound peripheral venous system upper limbs including pulse and colour doppler	06.52				17.260	1157.60 (1015.40)
60300	CT of the upper limbs limited study	06.52				9.500	637.20 (558.90)
60310	CT angiography of the upper limb	06.52				78.280	5250.20 (4605.40)
60400	MR of the upper limbs limited study, any region	06.52				44.800	3004.70 (2635.70)
60410	MR angiography of the upper limb	06.52				74.660	5007.40 (4392.50)
60500	Arteriogram of subclavian, upper limb arteries alone, unilateral	06.52				45.670	3063.10 (2686.90)
60510	Arteriogram of subclavian, upper limb arteries alone, bilateral	06.52				82.670	5544.70 (4863.80)
60520	Arteriogram of aortic arch, subclavian, upper limb, unilateral	06.52				56.750	3806.20 (3338.80)
60530	Arteriogram of aortic arch, subclavian, upper limb, bilateral	06.52				88.110	5909.50 (5183.80)
60540	Venography, antegrade of upper limb veins, unilateral	06.52				26.120	1751.90 (1536.80)
60550	Venography, antegrade of upper limb veins, bilateral	06.52				49.430	3315.30 (2908.20)
60560	Venography, retrograde of upper limb veins, unilateral	06.52				31.010	2079.80 (1824.40)
60570	Venography, retrograde of upper limb veins, bilateral	06.52				54.810	3676.10 (3224.60)
60580	Venography, shuntogram, dialysis access shunt	06.52				23.790	1595.60 (1399.60)
60900	Nuclear medicine study – Venogram upper limb	06.52		37.120	2489.60 (2183.90)		
Shoulder							
	Code 61160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 61170 (introduction of contrast into the shoulder joint) may be combined with 61300 and 61305 (CT), or 61400 and 61405 (MR). The combination of 61160 (arthrography) and 61300 and 61305 (CT) or 61400 and 61405 (MR) is not supported except in exceptional circumstances with motivation.						06.52
61100	X-ray of the left clavicle	06.52				3.040	203.90 (178.90)
61105	X-ray of the right clavicle	06.52				3.040	203.90 (178.90)
61110	X-ray of the left scapula	06.52				3.040	203.90 (178.90)
61115	X-ray of the right scapula	06.52				3.040	203.90 (178.90)
61120	X-ray of the left acromio-clavicular joint	06.52				3.140	210.60 (184.70)
61125	X-ray of the right acromio-clavicular joint	06.52				3.140	210.60 (184.70)
61128	X-ray of acromio-clavicular joints plus stress studies bilateral	06.52				7.680	515.10 (451.80)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
61130	X-ray of the left shoulder	06.52				3.480	233.40 (204.70)
61135	X-ray of the right shoulder	06.52				3.480	233.40 (204.70)
61140	X-ray of the left shoulder plus subacromial impingement views	06.52				5.920	397.10 (348.30)
61145	X-ray of the right shoulder plus subacromial impingement views	06.52				5.920	397.10 (348.30)
61150	X-ray of the left subacromial impingement views only	06.52				3.240	217.30 (190.60)
61155	X-ray of the right subacromial impingement views only	06.52				3.240	217.30 (190.60)
61160	X-ray arthrography shoulder joint including introduction of contrast	06.52				15.830	1061.70 (931.30)
61170	X-ray guidance and introduction of contrast into shoulder joint only	06.52				7.410	497.00 (436.00)
61200	Ultrasound of the left shoulder joint	06.52				6.500	436.00 (382.50)
61210	Ultrasound of the right shoulder joint	06.52				6.500	436.00 (382.50)
61300	CT of the left shoulder joint – uncontrasted	06.52				24.360	1633.80 (1433.20)
61305	CT of the right shoulder joint – uncontrasted	06.52				24.360	1633.80 (1433.20)
61310	CT of the left shoulder – complete with 3D recon	06.52				37.660	2525.90 (2215.70)
61315	CT of the right shoulder – complete with 3D recon	06.52				37.660	2525.90 (2215.70)
61320	CT of the left shoulder joint - pre and post contrast	06.52				48.630	3261.60 (2861.10)
61325	CT of the right shoulder joint - pre and post contrast	06.52				48.630	3261.60 (2861.10)
61400	MR of the left shoulder	06.52				64.640	4335.40 (3803.00)
61405	MR of the right shoulder	06.52				64.640	4335.40 (3803.00)
61410	MR of the left shoulder pre and post contrast	06.52				101.040	6776.80 (5944.60)
61415	MR of the right shoulder pre and post contrast	06.52				101.040	6776.80 (5944.60)
Humerus							
62100	X-ray of the left humerus	06.52				2.940	197.20 (173.00)
62105	X-ray of the right humerus	06.52				2.940	197.20 (173.00)
62300	CT of the left upper arm	06.52				24.360	1633.80 (1433.20)
62305	CT of the right upper arm	06.52				24.360	1633.80 (1433.20)
62310	CT of the left upper arm contrasted	06.52				39.970	2680.80 (2351.60)
62315	CT of the right upper arm contrasted	06.52				39.970	2680.80 (2351.60)
62320	CT of the left upper arm pre and post contrast	06.52				48.580	3258.30 (2858.20)
62325	CT of the right upper arm pre and post contrast	06.52				48.580	3258.30 (2858.20)
62400	MR of the left upper arm	06.52				64.200	4305.90 (3777.10)
62405	MR of the right upper arm	06.52				64.200	4305.90 (3777.10)
62410	MR of the left upper arm pre and post contrast	06.52				102.040	6843.80 (6003.30)
62415	MR of the right upper arm pre and post contrast	06.52				102.040	6843.80 (6003.30)
62900	Nuclear medicine study – Bone limited/regional static	06.52		21.500	1442.00 (1264.90)		
62905	Nuclear medicine study – Bone limited static plus flow	06.52		27.530	1846.40 (1619.60)		
62910	Nuclear medicine study – Bone tomography regional	06.52		13.410	899.40 (788.90)		

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
Elbow							
	Code 63120 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 63130 (introduction of contrast) may be combined with 63300 and 63305 (CT) or 63400 and 63405 (MR). The combination of 63120 (arthrography) and 63300 and 63305 or 63400 and 63405 (MR) is not supported except in exceptional circumstances with motivation.	06.52					
63100	X-ray of the left elbow	06.52				3.140	210.60 (184.70)
63105	X-ray of the right elbow	06.52				3.140	210.60 (184.70)
63110	X-ray of the left elbow with stress	06.52				4.340	291.10 (255.40)
63115	X-ray of the right elbow with stress	06.52				4.340	291.10 (255.40)
63120	X-ray arthrography elbow joint including introduction of contrast	06.52				15.890	1065.70 (934.80)
63130	X-ray guidance and introduction of contrast into elbow joint only	06.52				7.410	497.00 (436.00)
63200	Ultrasound of the left elbow joint	06.52				6.500	436.00 (382.50)
63205	Ultrasound of the right elbow joint	06.52				6.500	436.00 (382.50)
63300	CT of the left elbow	06.52				24.360	1633.80 (1433.20)
63305	CT of the right elbow	06.52				24.360	1633.80 (1433.20)
63310	CT of the left elbow – complete with 3D recon	06.52				37.660	2525.90 (2215.70)
63315	CT of the right elbow – complete with 3D recon	06.52				37.660	2525.90 (2215.70)
63320	CT of the left elbow contrasted	06.52				39.970	2680.80 (2351.60)
63325	CT of the right elbow contrasted	06.52				39.970	2680.80 (2351.60)
63330	CT of the left elbow pre and post contrast	06.52				48.630	3261.60 (2861.10)
63335	CT of the right elbow pre and post contrast	06.52				48.630	3261.60 (2861.10)
63400	MR of the left elbow	06.52				64.640	4335.40 (3803.00)
63405	MR of the right elbow	06.52				64.640	4335.40 (3803.00)
63410	MR of the left elbow pre and post contrast	06.52				101.040	6776.80 (5944.60)
63415	MR of the right elbow pre and post contrast	06.52				101.040	6776.80 (5944.60)
63905	Nuclear medicine study – Bone limited/regional static	06.52		21.500	1442.00 (1264.90)		
63910	Nuclear medicine study – Bone limited static plus flow	06.52		27.530	1846.40 (1619.60)		
63915	Nuclear medicine study – Bone tomography regional	06.52		13.410	899.40 (788.90)		
Forearm							
64100	X-ray of the left forearm	06.52				2.940	197.20 (173.00)
64105	X-ray of the right forearm	06.52				2.940	197.20 (173.00)
64110	X-ray peripheral bone densitometry	06.52				1.960	131.50 (115.40)
64300	CT of the left forearm	06.52				24.360	1633.80 (1433.20)
64305	CT of the right forearm	06.52				24.360	1633.80 (1433.20)
64310	CT of the left forearm contrasted	06.52				39.970	2680.80 (2351.60)
64315	CT of the right forearm contrasted	06.52				39.970	2680.80 (2351.60)
64320	CT of the left forearm pre and post contrast	06.52				48.580	3258.30 (2858.20)
64325	CT of the right forearm pre and post contrast	06.52				48.580	3258.30 (2858.20)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
64400	MR of the left forearm	06.52				64.200	4305.90 (3777.10)
64405	MR of the right forearm	06.52				64.200	4305.90 (3777.10)
64410	MR of the left forearm pre and post contrast	06.52				98.040	6575.50 (5768.00)
64415	MR of the right forearm pre and post contrast	06.52				98.040	6575.50 (5768.00)
64900	Nuclear medicine study – Bone limited/regional static	06.52		21.500	1442.00 (1264.90)		
64905	Nuclear medicine study – Bone limited static plus flow	06.52		27.530	1846.40 (1619.60)		
64910	Nuclear medicine study – Bone tomography regional	06.52		13.410	899.40 (788.90)		
Hand and Wrist							
	Code 65120 (finger) may not be combined with 65100 or 65105 (hands). Codes 65130 and 65135 (wrists) may be combined with 65140 or 65145 (scaphoid) respectively if requested and additional views done. Code 65160 (arthrography) includes fluoroscopy and the introduction of contrast (00140 may not be added). Code 65170 (contrast) may be combined with 65300 and 65305 (CT) or 65400 and 65405 (MR). The combination of 65160 (arthrography) and 65300 and 65305 or 65400 and 65405 is not supported except in exceptional circumstances with motivation.	06.52					
65100	X-ray of the left hand	06.52				3.080	206.60 (181.20)
65105	X-ray of the right hand	06.52				3.080	206.60 (181.20)
65110	X-ray of the left hand – bone age	06.52				3.080	206.60 (181.20)
65120	X-ray of a finger	06.52				2.670	179.10 (157.10)
65130	X-ray of the left wrist	06.52				3.180	213.30 (187.10)
65135	X-ray of the right wrist	06.52				3.180	213.30 (187.10)
65140	X-ray of the left scaphoid	06.52				3.300	221.30 (194.10)
65145	X-ray of the right scaphoid	06.52				3.300	221.30 (194.10)
65150	X-ray of the left wrist, scaphoid and stress views	06.52				7.560	507.00 (444.70)
65155	X-ray of the right wrist, scaphoid and stress views	06.52				7.560	507.00 (444.70)
65160	X-ray arthrography wrist joint including introduction of contrast	06.52				15.930	1068.40 (937.20)
65170	X-ray guidance and introduction of contrast into wrist joint only	06.52				7.410	497.00 (436.00)
65200	Ultrasound of the left wrist	06.52				6.500	436.00 (382.50)
65210	Ultrasound of the right wrist	06.52				6.500	436.00 (382.50)
65300	CT of the left wrist and hand	06.52				24.360	1633.80 (1433.20)
65305	CT of the right wrist and hand	06.52				24.360	1633.80 (1433.20)
65310	CT of the left wrist and hand - complete with 3D recon	06.52				37.660	2525.90 (2215.70)
65315	CT of the right wrist and hand - complete with 3D recon	06.52				37.660	2525.90 (2215.70)
65320	CT of the left wrist and hand contrasted	06.52				39.970	2680.80 (2351.60)
65325	CT of the right wrist and hand contrasted	06.52				39.970	2680.80 (2351.60)
65330	CT of the left wrist and hand pre and post contrast	06.52				48.630	3261.60 (2861.10)
65335	CT of the right wrist and hand pre and post contrast	06.52				48.630	3261.60 (2861.10)
65400	MR of the left wrist and hand	06.52				64.640	4335.40 (3803.00)
65405	MR of the right wrist and hand	06.52				64.640	4335.40 (3803.00)
65410	MR of the left wrist and hand pre and post contrast	06.52				101.040	6776.80 (5944.60)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
65415	MR of the right wrist and hand pre and post contrast	06.52				101.040	6776.80 (5944.60)
65900	Nuclear Medicine study – bone limited/regional static	06.52		21.500	1442.00 (1264.90)		
65905	Nuclear Medicine study – bone limited static plus flow	06.52		27.530	1846.40 (1619.60)		
65910	Nuclear Medicine study – bone tomography regional	06.52		13.410	899.40 (788.90)		
Soft Tissue							
69920	Nuclear medicine study – Infection localisation planar, static	06.52		18.040	1209.90 (1061.30)		
69925	Nuclear medicine study – Infection localisation planar, static, multiple studies	06.52		31.450	2109.40 (1850.40)		
69930	Nuclear medicine study – Infection localisation planar, static and SPECT	06.52		31.450	2109.40 (1850.40)		
69935	Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT	06.52		44.860	3008.80 (2639.30)		
69940	Nuclear medicine study – Regional lymph node mapping dynamic	06.52		6.020	403.80 (354.20)		
69945	Nuclear medicine study – Regional lymph node mapping, static, planar	06.52		24.100	1616.40 (1417.90)		
69950	Nuclear medicine study – Regional lymph node mapping, static, planar, multiple	06.52		37.510	2515.80 (2206.80)		
69955	Nuclear medicine study – Regional lymph node mapping SPECT	06.52		13.410	899.40 (788.90)		
69960	Nuclear medicine study – Lymph node localisation with gamma probe	06.52		13.410	899.40 (788.90)		
Lower Limbs							
General							
	Code 70100 (stress) is a stand alone study and may not be combined with other codes. Code 70110 (tomography) may be combined with any one of the defined regional x-ray studies of the lower limb. Motivation may be required for more than one regional tomographic study per visit. Code 70200 (U/S) may only be billed once per visit. Code 70300 ((CT) limited study – limited to a small region of interest eg part of condyle of the knee. Codes 70310 and 70320 (CT angiography) may not be combined. Code 70400 (MR limited) may only be used once per visit. Code 70410 and 70420 (MR angiography) may not be combined.						06.52
70100	X-ray lower limbs - any region- stress studies only	06.52				4.520	303.20 (266.00)
70110	X-ray lower limbs - any region-tomography	06.52				4.300	288.40 (253.00)
70120	X-ray of the lower limbs full length study	06.52				6.460	433.30 (380.10)
70200	Ultrasound lower limb – soft tissue - any region	06.52				7.380	495.00 (434.20)
70210	Ultrasound of the peripheral arterial system of the left leg including B mode, pulse and colour Doppler	06.52				13.640	914.80 (802.50)
70220	Ultrasound of the peripheral arterial system of the right leg including B mode, pulse and colour Doppler	06.52				13.640	914.80 (802.50)
70230	Ultrasound peripheral venous system lower limbs including pulse and colour doppler for deep vein thrombosis	06.52				13.640	914.80 (802.50)
70240	Ultrasound peripheral venous system lower limbs including pulse and colour doppler in erect and supine position including all compression and reflux manoeuvres, deep and superficial systems bilaterally	06.52				19.660	1318.60 (1156.70)
70300	CT of the lower limbs limited study	06.52				9.500	637.20 (558.90)
70310	CT angiography of the lower limb	06.52				79.430	5327.40 (4673.20)
70320	CT angiography abdominal aorta and outflow lower limbs	06.52				98.340	6595.70 (5785.70)
70400	MR of the lower limbs limited study	06.52				46.400	3112.00 (2729.80)
70410	MR angiography of the lower limb	06.52				76.660	5141.60 (4510.20)
70420	MR angiography of the abdominal aorta and lower limbs	06.52				118.860	7971.90 (6992.90)
70500	Angiography of pelvic and lower limb arteries unilateral	06.52				40.590	2722.40 (2388.10)
70505	Angiography of pelvic and lower limb arteries bilateral	06.52				75.920	5092.00 (4466.70)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
70510	Angiography of abdominal aorta, pelvic and lower limb vessels unilateral	06.52				61.230	4106.70 (3602.40)
70515	Angiography of abdominal aorta, pelvic and lower limb vessels bilateral	06.52				85.660	5745.20 (5039.60)
70520	Angiography translumbar aorta with full peripheral study	06.52				45.680	3063.80 (2687.50)
70530	Venography, antegrade of lower limb veins, unilateral	06.52				25.460	1707.60 (1497.90)
70535	Venography, antegrade of lower limb veins, bilateral	06.52				49.430	3315.30 (2908.20)
70540	Venography, retrograde of lower limb veins, unilateral	06.52				31.170	2090.60 (1833.90)
70545	Venography, retrograde of lower limb veins, bilateral	06.52				56.790	3808.90 (3341.10)
70560	Lymphangiography, lower limb, unilateral	06.52				51.040	3423.30 (3002.90)
70565	Lymphangiography, lower limb, bilateral	06.52				83.970	5631.90 (4940.30)
70900	Nuclear medicine study – Venogram lower limb	06.52		37.120	2489.60 (2183.90)		
Femur							
71100	X-ray of the left femur	06.52				2.940	197.20 (173.00)
71105	X-ray of the right femur	06.52				2.940	197.20 (173.00)
71300	CT of the left femur	06.52				24.520	1644.60 (1442.60)
71305	CT of the right femur	06.52				24.520	1644.60 (1442.60)
71310	CT of the left upper leg contrasted	06.52				41.830	2805.50 (2461.00)
71315	CT of the right upper leg contrasted	06.52				41.830	2805.50 (2461.00)
71320	CT of the left upper leg pre and post contrast	06.52				49.710	3334.00 (2924.60)
71325	CT of the right upper leg pre and post contrast	06.52				49.710	3334.00 (2924.60)
71400	MR of the left upper leg	06.52				64.800	4346.10 (3812.40)
71405	MR of the right upper leg	06.52				64.800	4346.10 (3812.40)
71410	MR of the left upper leg pre and post contrast	06.52				102.040	6843.80 (6003.30)
71415	MR of the right upper leg pre and post contrast	06.52				102.040	6843.80 (6003.30)
71900	Nuclear Medicine study – bone limited/regional static	06.52		21.500	1442.00 (1264.90)		
71905	Nuclear Medicine study – Bone limited static plus flow	06.52		27.530	1846.40 (1619.60)		
71910	Nuclear Medicine study – Bone tomography regional	06.52		13.410	899.40 (788.90)		
Knee							
	Codes 72140 and 72145 (patella) may not be added to 72100, 72105, 72110, 72115, 72130, 72135 (knee views) Code 72160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 72170 (introduction of contrast) may be combined with 72300 and 72305 (CT) or 72400 and 72405 (MR). The combination of 72160 (arthrography) and 72300 and 72305 (CT) or 72400 and 72405 (MR) is not supported except in exceptional circumstances with motivation.						06.52
72100	X-ray of the left knee one or two views	06.52				2.770	185.80 (163.00)
72105	X-ray of the right knee one or two views	06.52				2.770	185.80 (163.00)
72110	X-ray of the left knee, more than two views	06.52				3.320	222.70 (195.40)
72115	X-ray of the right knee, more than two views	06.52				3.320	222.70 (195.40)
72120	X-ray of the left knee including patella	06.52				4.620	309.90 (271.80)
72125	X-ray of the right knee including patella	06.52				4.620	309.90 (271.80)
72130	X-ray of the left knee with stress views	06.52				5.820	390.30 (342.40)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
72135	X-ray of the right knee with stress views	06.52				5.820	390.30 (342.40)
72140	X-ray of left patella	06.52				2.770	185.80 (163.00)
72145	X-ray of right patella	06.52				2.770	185.80 (163.00)
72150	X-ray both knees standing – single view	06.52				2.800	187.80 (164.70)
72160	X-ray arthrography knee joint including introduction of contrast	06.52				15.810	1060.40 (930.20)
72170	X-ray guidance and introduction of contrast into knee joint only	06.52				7.410	497.00 (436.00)
72200	Ultrasound of the left knee joint	06.52				6.500	436.00 (382.50)
72205	Ultrasound of the right knee joint	06.52				6.500	436.00 (382.50)
72300	CT of the left knee	06.52				24.520	1644.60 (1442.60)
72305	CT of the right knee	06.52				24.520	1644.60 (1442.60)
72310	CT of the left knee complete study with 3D reconstructions	06.52				35.930	2409.80 (2113.90)
72315	CT of the right knee complete study with 3D reconstructions	06.52				35.930	2409.80 (2113.90)
72320	CT of the left knee contrasted	06.52				41.830	2805.50 (2461.00)
72325	CT of the right knee contrasted	06.52				41.830	2805.50 (2461.00)
72330	CT of the left knee pre and post contrast	06.52				49.760	3337.40 (2927.50)
72335	CT of the right knee pre and post contrast	06.52				49.760	3337.40 (2927.50)
72400	MR of the left knee	06.52				64.100	4299.20 (3771.20)
72405	MR of the right knee	06.52				64.100	4299.20 (3771.20)
72410	MR of the left knee pre and post contrast	06.52				100.840	6763.30 (5932.70)
72415	MR of the right knee pre and post contrast	06.52				100.840	6763.30 (5932.70)
72900	Nuclear Medicine study – Bone limited/regional static	06.52		21.500	1442.00 (1264.90)		
72905	Nuclear Medicine study – Bone limited static plus flow	06.52		27.530	1846.40 (1619.60)		
72910	Nuclear Medicine study – Bone tomography regional	06.52		13.410	899.40 (788.90)		
Lower Leg							
73100	X-ray of the left lower leg	06.52				2.940	197.20 (173.00)
73105	X-ray of the right lower leg	06.52				2.940	197.20 (173.00)
73300	CT of the left lower leg	06.52				24.520	1644.60 (1442.60)
73305	CT of the right lower leg	06.52				24.520	1644.60 (1442.60)
73310	CT of the left lower leg contrasted	06.52				41.830	2805.50 (2461.00)
73315	CT of the right lower leg contrasted	06.52				41.830	2805.50 (2461.00)
73320	CT of the left lower leg pre and post contrast	06.52				49.710	3334.00 (2924.60)
73325	CT of the right lower leg pre and post contrast	06.52				49.710	3334.00 (2924.60)
73400	MR of the left lower leg	06.52				64.200	4305.90 (3777.10)
73405	MR of the right lower leg	06.52				64.200	4305.90 (3777.10)
73410	MR of the left lower leg pre and post contrast	06.52				102.040	6843.80 (6003.30)
73415	MR of the right lower leg pre and post contrast	06.52				102.040	6843.80 (6003.30)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
73900	Nuclear Medicine study – bone limited/regional static	06.52		21.500	1442.00 (1264.90)		
73905	Nuclear Medicine study – bone limited static plus flow	06.52		27.530	1846.40 (1619.60)		
73910	Nuclear Medicine study – bone tomography regional	06.52		13.410	899.40 (788.90)		
Ankle and Foot							
	Code 74145 (toe) may not be combined with 74120 or 74125 (foot). Code 71450 (sesamoid bones) may be combined with 74120 or 74125 (foot) if requested. Codes 74120 and 74125 (foot) may only be combined with 74130 and 74135 (calcaneus) if specifically requested. Code 74160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 74170 (introduction of contrast) may be combined with 74300 and 74305 (CT) or 74400 and 74405 (MR). The combination of 74160 (arthrography) and 74300 and 74305 (CT) or 74400 and 74405 (MR) are not supported except in exceptional circumstances with motivation.						06.52
74100	X-ray of the left ankle	06.52				3.320	222.70 (195.40)
74105	X-ray of the right ankle	06.52				3.320	222.70 (195.40)
74110	X-ray of the left ankle with stress views	06.52				4.520	303.20 (266.00)
74115	X-ray of the right ankle with stress views	06.52				4.520	303.20 (266.00)
74120	X-ray of the left foot	06.52				2.800	187.80 (164.70)
74125	X-ray of the right foot	06.52				2.800	187.80 (164.70)
74130	X-ray of the left calcaneus	06.52				2.740	183.80 (161.20)
74135	X-ray of the right calcaneus	06.52				2.740	183.80 (161.20)
74140	X-ray of both feet – standing – single view	06.52				2.800	187.80 (164.70)
74145	X-ray of a toe	06.52				2.670	179.10 (157.10)
74150	X-ray of the sesamoid bones one or both sides	06.52				2.800	187.80 (164.70)
74160	X-ray arthrography ankle joint including introduction of contrast	06.52				15.910	1067.10 (936.10)
74170	X-ray guidance and introduction of contrast into ankle joint	06.52				7.410	497.00 (436.00)
74210	Ultrasound of the left ankle	06.52				6.500	436.00 (382.50)
74215	Ultrasound of the right ankle	06.52				6.500	436.00 (382.50)
74220	Ultrasound of the left foot	06.52				6.500	436.00 (382.50)
74225	Ultrasound of the right foot	06.52				6.500	436.00 (382.50)
74290	Ultrasound bone densitometry	06.52				2.040	136.80 (120.00)
74300	CT of the left ankle/foot	06.52				24.520	1644.60 (1442.60)
74305	CT of the right ankle/foot	06.52				24.520	1644.60 (1442.60)
74310	CT of the left ankle/foot – complete with 3D recon	06.52				37.810	2535.90 (2224.50)
74315	CT of the right ankle/foot – complete with 3D recon	06.52				37.810	2535.90 (2224.50)
74320	CT of the left ankle/foot contrasted	06.52				41.830	2805.50 (2461.00)
74325	CT of the right ankle/foot contrasted	06.52				41.830	2805.50 (2461.00)
74330	CT of the left ankle/foot pre and post contrast	06.52				49.710	3334.00 (2924.60)
74335	CT of the right ankle/foot pre and post contrast	06.52				49.710	3334.00 (2924.60)
74400	MR of the left ankle	06.52				64.100	4299.20 (3771.20)
74405	MR of the right ankle	06.52				64.100	4299.20 (3771.20)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
74410	MR of the left ankle pre and post contrast	06.52				100.640	6749.90 (5921.00)
74415	MR of the right ankle pre and post contrast	06.52				100.640	6749.90 (5921.00)
74420	MR of the left foot	06.52				64.200	4305.90 (3777.10)
74425	MR of the right foot	06.52				64.200	4305.90 (3777.10)
74430	MR of the left foot pre and post contrast	06.52				102.040	6843.80 (6003.30)
74435	MR of the right foot pre and post contrast	06.52				102.040	6843.80 (6003.30)
74900	Nuclear Medicine study – Bone limited/regional static	06.52		21.500	1442.00 (1264.90)		
74905	Nuclear Medicine study – Bone limited static plus flow	06.52		27.530	1846.40 (1619.60)		
74910	Nuclear Medicine study – Bone tomography regional	06.52		13.410	899.40 (788.90)		
Soft Tissue							
79920	Nuclear Medicine study – Infection localisation planar, static	06.52		18.430	1236.10 (1084.30)		
79925	Nuclear Medicine study – Infection localisation planar, static, multiple studies	06.52		31.840	2135.50 (1873.20)		
79930	Nuclear Medicine study – Infection localisation planar, static and SPECT	06.52		31.840	2135.50 (1873.20)		
79935	Nuclear Medicine study – Infection localisation planar, static, multiple studies and SPECT	06.52		45.250	3034.90 (2662.20)		
79940	Nuclear Medicine study – Regional lymph node mapping dynamic	06.52		6.020	403.80 (354.20)		
79945	Nuclear Medicine study – Regional lymph node mapping, static, planar	06.52		24.100	1616.40 (1417.90)		
79950	Nuclear Medicine study – Regional lymph node mapping, static, planar, multiple studies	06.52		37.510	2515.80 (2206.80)		
79955	Nuclear Medicine study – Regional lymph node mapping and SPECT	06.52		13.410	899.40 (788.90)		
79960	Nuclear Medicine study – Lymph node localisation with gamma probe	06.52		13.410	899.40 (788.90)		
Intervention							
General							
	Codes 80600, 80605, 80610, 80620, 80630, 81660, 81680, 82600, 84660, 85640, 85645, 86610, 86615, 86620, 86630, (aspiration / biopsy / ablations etc) may be combined with the relevant guidance codes (fluoroscopy, ultrasound, CT, MR) as previously described. The machine codes 00510, 00520, 00530, 00540, 00550, 00560 may not be combined with these codes. If ultrasound guidance (00230) is used for a procedure which also attracts one of the machine codes (00510, 00520, 00530, 00540, 00550, 00560), it may not be billed for separately. Codes 80640, 80645, 87682, 87683 include fluoroscopy. Machine fees may not be added. All other interventional procedures are complete unique procedures describing a whole comprehensive procedure and combinations of different codes will only be supported when motivated.	06.52					
80600	Percutaneous abscess, cyst drainage, any region	06.52				9.370	628.40 (551.20)
80605	Fine needle aspiration biopsy, any region	06.52				4.220	283.00 (248.20)
80610	Cutting needle, trochar biopsy, any region	06.52				6.360	426.60 (374.20)
80640	Insertion of CVP line in radiology suite	06.52				8.990	603.00 (528.90)
80645	Peripheral central venous line insertion	06.52				12.120	812.90 (713.10)
80650	Infiltration of a peripheral joint, any region	06.52				6.400	429.20 (376.50)
	May be combined with relevant guidance (fluoroscopy, ultrasound, CT and MR). May not be combined with machine codes 00510, 00520, 00530, 00540, 00550, 00560 or 86610 (facet joint or SI joint) or arthrogram codes.	06.52					
Neuro intervention							
81600	Intracranial aneurysm occlusion, direct	06.52				214.520	14387.90 (12621.00)
81605	Intracranial arteriovenous shunt occlusion	06.52				254.820	17090.80 (14991.90)
81610	Dural sinus arteriovenous shunt occlusion	06.52				264.330	17728.60 (15551.40)
81615	Extracranial arteriovenous shunt occlusion	06.52				157.280	10548.80 (9253.30)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
81620	Extracranial arterial embolisation (head and neck)	06.52				163.120	10940.50 (9596.90)
81625	Caroticocavernous fistula occlusion	06.52				192.290	12896.90 (11313.10)
81630	Intracranial angioplasty for stenosis, vasospasm	06.52				126.920	8512.50 (7467.10)
81632	Intracranial stent placement (including PTA)	06.52				133.720	8968.60 (7867.20)
81635	Temporary balloon occlusion test	06.52				83.420	5595.00 (4907.90)
	Code 81635 does not include the relevant preceding diagnostic study and may be combined with codes 10500, 10510, 10530, 10540, 10550.	06.52					
81640	Permanent carotid or vertebral artery occlusion (including occlusion test)	06.52				178.180	11950.50 (10482.90)
81645	Intracranial aneurysm occlusion with balloon remodelling	06.52				216.350	14510.60 (12728.60)
81650	Intracranial aneurysm occlusion with stent assistance	06.52				230.450	15456.30 (13558.20)
81655	Intracranial thrombolysis, catheter directed	06.52				58.940	3953.10 (3467.60)
	Code 81655 may be combined with any of the other neuro interventional codes 81600 to 81650	06.52					
81660	Nerve block, head and neck, per level	06.52				7.660	513.80 (450.70)
81665	Neurolysis, head and neck, per level	06.52				20.140	1350.80 (1184.90)
81670	Nerve block, head and neck, radio frequency, per level	06.52				19.040	1277.00 (1120.20)
81680	Nerve block, coeliac plexus or other regions, per level	06.52				9.280	622.40 (546.00)
Thorax							
82600	Chest drain insertion	06.52				8.820	591.60 (518.90)
82605	Trachial, bronchial stent insertion	06.52				30.360	2036.20 (1786.10)
Gastrointestinal							
83600	Oesophageal stent insertion	06.52				31.220	2093.90 (1836.80)
83605	GIT balloon dilation	06.52				24.360	1633.80 (1433.20)
83610	GIT stent insertion (non-oesophageal)	06.52				32.020	2147.60 (1883.90)
83615	Percutaneous gastrostomy, jejunostomy	06.52				25.360	1700.90 (1492.00)
Hepatobiliary							
84600	Percutaneous biliary drainage, external	06.52				33.980	2279.00 (1999.10)
84605	Percutaneous external/internal biliary drainage	06.52				37.210	2495.70 (2189.20)
84610	Permanent biliary stent insertion	06.52				51.220	3435.30 (3013.40)
84615	Drainage tube replacement	06.52				20.220	1356.20 (1189.60)
84620	Percutaneous bile duct stone or foreign object removal	06.52				49.980	3352.20 (2940.50)
84625	Percutaneous gall bladder drainage	06.52				29.580	1983.90 (1740.30)
84630	Percutaneous gallstone removal, including drainage	06.52				69.250	4644.60 (4074.20)
84635	Transjugular liver biopsy	06.52				24.930	1672.10 (1466.80)
84640	Transjugular intrahepatic Portosystemic shunt	06.52				119.470	8012.90 (7028.90)
84645	Transhepatic Portogram including venous sampling, pressure studies	06.52				81.890	5492.40 (4817.90)
84650	Transhepatic Portogram with embolisation of varices	06.52				100.810	6761.30 (5931.00)
84655	Percutaneous hepatic tumour ablation	06.52				15.680	1051.70 (922.50)
84660	Percutaneous hepatic abscess, cyst drainage	06.52				13.200	885.30 (776.60)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
84665	Hepatic chemoembolisation	06.52				59.440	3986.60 (3497.00)
84670	Hepatic arterial infusion catheter placement	06.52				60.300	4044.30 (3547.60)
Urogenital							
85600	Percutaneous nephrostomy, external drainage	06.52				29.970	2010.10 (1763.20)
85605	Percutaneous double J stent insertion including access	06.52				40.820	2737.80 (2401.60)
85610	Percutaneous renal stone, foreign body removal including access	06.52				66.790	4479.60 (3929.50)
85615	Percutaneous nephrostomy tract establishment	06.52				29.270	1963.10 (1722.00)
85620	Change of nephrostomy tube	06.52				15.900	1066.40 (935.40)
85625	Percutaneous cystostomy	06.52				16.520	1108.00 (971.90)
85630	Urethral balloon dilatation	06.52				14.240	955.10 (837.80)
85635	Urethral stent insertion	06.52				31.220	2093.90 (1836.80)
85640	Renal cyst ablation	06.52				11.920	799.50 (701.30)
85645	Renal abscess, cyst drainage	06.52				15.160	1016.80 (891.90)
85655	Fallopian tube recanalisation	06.52				46.060	3022.20 (2651.10)
Spinal							
86600	Spinal vascular malformation embolisation	06.52				275.160	18455.00 (16188.60)
86605	Vertebroplasty per level	06.52				22.300	1495.70 (1312.00)
86610	Facet joint block per level, uni- or bilateral	06.52				9.540	639.80 (561.20)
	Code 86610 may only be billed once per level, and not per left and right side per level	06.52					
86615	Spinal nerve block per level, uni- or bilateral	06.52				8.160	547.30 (480.10)
86620	Epidural block	06.52				9.420	631.80 (554.20)
86625	Chemonucleolysis, including discogram	06.52				18.320	1228.70 (1077.80)
86630	Spinal nerve ablation per level	06.52				11.600	778.00 (682.50)
Vascular							
	Code 87654 (Thrombolysis follow up) may only be used on the days following the initial procedure, 87650 (thrombolysis). If a balloon angioplasty and / or stent placement is performed at more that one defined anatomical site at the same sitting the relevant codes may be combined. However multiple balloon dilatations or stent placements at one defined site will only attract one procedure code.	06.52					
87600	Percutaneous transluminal angioplasty: aorta, IVC	06.52				56.560	3793.50 (3327.60)
87601	Percutaneous transluminal angioplasty: iliac	06.52				55.760	3739.80 (3280.50)
87602	Percutaneous transluminal angioplasty: femoropopliteal	06.52				60.160	4034.90 (3539.40)
87603	Percutaneous transluminal angioplasty: subpopliteal	06.52				73.340	4918.90 (4314.80)
87604	Percutaneous transluminal angioplasty: brachiocephalic	06.52				67.120	4501.70 (3948.90)
87605	Percutaneous transluminal angioplasty: subclavian, axillary	06.52				60.160	4034.90 (3539.40)
87606	Percutaneous transluminal angioplasty: extracranial carotid	06.52				71.620	4803.60 (4213.70)
87607	Percutaneous transluminal angioplasty: extracranial vertebral	06.52				73.300	4916.20 (4312.50)
87608	Percutaneous transluminal angioplasty: renal	06.52				87.690	5881.40 (5159.10)
87609	Percutaneous transluminal angioplasty: coeliac, mesenteric	06.52				87.690	5881.40 (5159.10)
87620	Aorta stent-graft placement	06.52				120.750	8098.70 (7104.10)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
87621	Stent insertion (including PTA): aorta, IVC	06.52				73.870	4954.50 (4346.10)
87622	Stent insertion (including PTA): iliac	06.52				76.370	5122.10 (4493.10)
87623	Stent insertion (including PTA): femoropopliteal	06.52				77.970	5229.40 (4587.20)
87624	Stent insertion (including PTA): subpopliteal	06.52				84.550	5670.80 (4974.40)
87625	Stent insertion (including PTA): brachiocephalic	06.52				98.470	6604.40 (5793.30)
87626	Stent insertion (including PTA): subclavian, axillary	06.52				86.690	5814.30 (5100.30)
87627	Stent insertion (including PTA): extracranial carotid	06.52				106.990	7175.80 (6294.60)
87628	Stent insertion (including PTA): extracranial vertebral	06.52				100.550	6743.90 (5915.70)
87629	Stent insertion (including PTA): renal	06.52				98.590	6612.40 (5800.40)
87630	Stent insertion (including PTA): coeliac, mesenteric	06.52				98.590	6612.40 (5800.40)
87631	Stent-graft placement: iliac	06.52				76.370	5122.10 (4493.10)
87632	Stent-graft placement: femoropopliteal	06.52				77.970	5229.40 (4587.20)
87633	Stent-graft placement: brachiocephalic	06.52				98.470	6604.40 (5793.30)
87634	Stent-graft placement: subclavian, axillary	06.52				82.770	5551.40 (4869.60)
87635	Stent-graft placement: extracranial carotid	06.52				120.430	8077.20 (7085.30)
87636	Stent-graft placement: extracranial vertebral	06.52				114.730	7694.90 (6749.90)
87637	Stent-graft placement: renal	06.52				98.590	6612.40 (5800.40)
87638	Stent-graft placement: coeliac, mesenteric	06.52				98.590	6612.40 (5800.40)
87650	Thrombolysis in angiography suite, per 24 hours	06.52				45.820	3073.10 (2695.70)
	Code 87650 may be combined with any of the relevant non neuro interventional angiography and interventional codes 10520, 20500, 20510, 20520, 20530, 20540,32500,32530,44500, 44503, 44505, 44507, 44510, 44515, 44517, 44520, 60500, 60510, 60520, 60530, 70500, 70505, 70510, 70515, 87600 to 87638.	06.52					
87651	Aspiration, rheolytic thrombectomy	06.52				77.570	5209.30 (4569.60)
87652	Atherectomy, per vessel	06.52				91.890	6163.10 (5406.20)
87653	Percutaneous tunnelled / subcutaneous arterial or venous central or other line insertion	06.52				28.150	1888.00 (1656.10)
87654	Thrombolysis follow-up	06.52				23.570	1580.80 (1386.70)
87655	Percutaneous sclerotherapy, vascular malformation	06.52				21.100	1415.20 (1241.40)
87660	Embolisation, mesenteric	06.52				100.430	6735.80 (5908.60)
87661	Embolisation, renal	06.52				99.360	6664.10 (5845.70)
87662	Embolisation, bronchial, intercostal	06.52				108.340	7266.40 (6374.00)
87663	Embolisation, pulmonary arteriovenous shunt	06.52				103.220	6923.00 (6072.80)
87664	Embolisation, abdominal, other vessels	06.52				101.440	6803.60 (5968.10)
87665	Embolisation, thoracic, other vessels	06.52				97.600	6546.00 (5742.10)
87666	Embolisation, upper limb	06.52				90.920	6098.00 (5349.10)
87667	Embolisation, lower limb	06.52				92.140	6179.80 (5420.90)
87668	Embolisation, pelvis, non-uterine	06.52				117.120	7855.20 (6890.50)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
87669	Embolisation, uterus	06.52				113.880	7637.90 (6699.90)
87670	Embolisation, spermatic, ovaria veins	06.52				85.820	5755.90 (5049.00)
87680	Inferior vena cava filter placement	06.52				61.840	4147.60 (3638.20)
87681	Intravascular foreign body removal	06.52				85.030	5703.00 (5002.60)
87682	Revision of access port (tunnelled or implantable)	06.52				14.120	947.00 (830.70)
87683	Removal of access port (tunnelled or implantable)	06.52				11.120	745.80 (654.20)
87690	Superior petrosal venous sampling	06.52				73.010	4896.80 (4295.40)
87691	Pancreatic stimulation test	06.52				89.790	6022.20 (5282.60)
87692	Transportal venous sampling	06.52				76.950	5161.00 (4527.20)
87693	Adrenal venous sampling	06.52				55.010	3689.50 (3236.40)
87694	Parathyroid venous sampling	06.52				86.660	5812.30 (5098.50)
87695	Renal venous sampling	06.52				55.010	3689.50 (3236.40)